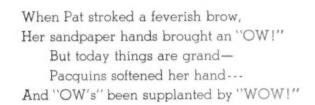


March

1950





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Arminio, J. J., and Sweet, C. C., Indust. Med. 18: 12 | Dec. | 1949.
 Tebrock, H. E.: Indust. Med. 19: 1 (Jan.) 1950.

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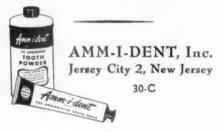
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#### Small Comfort

Dear Editor:

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As one nurse to another, and as one who because of a chronic illness has experienced nursing care in many hospitals, I desire to enter a plea for a small change in the status quo.

The convenience of a bedside footstool looms up as an item of great importance when trying to climb the heights of beds or descend from their heights to the floor.

Just for fun, I have asked patients, "What, if any, is your pet gripe?" That can hardly be considered a leading question. They answer three out of eleven times—"No one ever puts the footstool with my slippers back in place."

Nurses, doctors, attendants and all others who enter the room are guilty of the same misdemeanor. Tis the rare person who ever kicks back in place what was kicked out of the way.

RUTH N. CRAWFORD, R.N. LAS VEGAS, NEV.

#### Life Begins at ...

Dear Editor:

16, N. Y.

I have a suggestion for the R.N. who automatically retired at the age of 65 on an inadequate pension

[R.N., Dec., 1949]. Why not consider the opening of a nursing home for the chronically ill and aged? Be conservative at first and only take two or three, and as your resources increase admit more.

I have seen this suggestion worked out successfully. The bed-ridden patients were charged from \$30 to \$35 a week, and the ambulatory patients paid not less than \$25 a week.

It is a real undertaking and means work, initiative, planning and patience but it is something the older nurse can do. It is a real challenge or one who has much knowledge and experience to her credit and who has several years of usefulness ahead of her.

MABEL FORD, R.N. EATON RAPIDS, MICH.

#### Hasty Judgment

Dear Editor:

It seems to me that there is a great deal of controversy among nurses as to the merits of various training schools for nurses and vari-





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ous hospitals. I have worked with a great many nurses from many training schools, large and small, and I have come to the following conclusions about them.

I have seen both efficient and inefficient nurses from the same training school and I do not think it is fair to form an unfavorable opinion of a school because of one inferior nurse. I certainly would not want to be classified as the best nurse my school has turned out. Of course, with a group the situation alters a bit. Even this does not always work out. Classes as a whole are not the same. One class may have many more efficient nurses than the next, and so on.

In each state certain requirements must be met before a nurse receives her registration. It is obvious, therefore, that if she is a registered nurse she must have a basic knowledge of nursing. Each training school has its quota of good and bad nurses.

Nurses will also debate about the merits of large and small hospitals. Each has its advantages. If both are well staffed the nurse has time to carry out procedures and do good nursing care. In the smaller hospital more time can be devoted to each individual patient. In the larger hospitals a minimum of care is given to each patient but always the essentials such as treatments, medications and care of the acutely ill are carried out. Spending a great deal of time with a patient and pampering her does not necessarily constitute good nursing care.

I think in hospitals where all types

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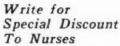


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of services are covered all acutely ill patients get the necessary care whether it be a private hospital or a large city hospital. I also think all nurses, regardless of where they might have trained, do the best they can for those brought under their care.

HELEN B. McCombs, R.N. CORONA, N.Y.

#### Not Street Wear

Dear Editor:

I can think of no justifiable reasons for wearing uniforms outside of our place of duty. And I can think of three good reasons for not appearing in uniform on the street.

- 1. To protect the sick from the street.
- 2. To protect the street from the sick.
- 3. To continue deducting cost and maintenance of uniforms on our income tax statement. Nurse officials fought a long and hard battle to gain this privilege for us and one of their biggest arguments was that uniforms are for professional duties only. Uncle Sam might win this argument yet, if nurses continue to travel and gad about in uniforms!

THERESA C. FOX, R.N. MCKEESPORT, PA.

#### "Social" Medicine

Dear Editor:

I believe that the issue of "socialized" medicine is one of the most important now facing our country. But I feel strongly that while there on the COURSE to bounding health...

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are things to be said for and against the bills which have been introduced in Congress, our main objective today should be stopping the threatening train of disease instead of merely treating people who get in its way.

While "socialized" medicine may not be the answer to our problem, "social" medicine is becoming increasingly important. It is a philosophy and a science, dealing with the economic and social aspects of life. And it is a necessary philosophy in a society in which technical changes have advanced beyond our social organizations.

For example, in our working lives, industrial exposure often results in disease: skin disease caused by irritation from oils, chemicals and water; hernias as a result of too

heavy lifting; physical trauma resulting from unprotected mechanical devices.

Scientific improvements, also, have taken the lead over our social adjustment to them. We have the material and means by which we can cure many diseases, yet these cures are useless until we improve the economic and social conditions of our communities—the poor housing, the neglect of sanitation, the lack of education, the malnourishment and poverty.

These facts are confronting us every day. Let's stop expending our needed energy and funds haranguing over an issue which can be covered by voluntary insurance agencies. Let's work toward a betterment of our basic social conditions—not just



TUMS relieve annoying hyperacidity—soothe, settle and sweeten your acid upset stomach. TUMS contain no baking soda—

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the techniques of venoclysis, hypodermoclysis, blood banking

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in our own country but throughout the world. We have the initiative and the ability to do something ourselves to insure our children of a healthy, peaceful world.

MAE BRANYAN, R.N. BATTLE CREEK, MICH.

#### Nursing by Nurses

Dear Editor:

I wonder how many nurses stop to think that the human body is very old, the oldest invention in the world. In this day of new ideas, medicine and treatment, it's still the same old body torn by disease, age and various accidents.

Today's nurses expect to work as if the human body were a piece of furniture that required only a certain amount of cleaning and care to keep it polished. In spite of our new modern ideas, no one will ever improve on the human body. It's still the same old-fashioned piece of anatomy and needs a little old-fashioned nursing care when ill. I do believe in a shorter work week and healthy nurses, but I also believe in good bedside nursing by nurses. If most of our present-day work is 70-80 per unnecessary, we certainly wasted a lot of time preparing for it.

MARY C. LOWE, R.N. WESTFIELD, MASS.

#### Mistaken

Dear Editor:

I am a registered nurse with four years' experience in the Navy Nurse Corps, two years of which were spent ghout e and selves althy.

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overseas. I worked two years at a New York hospital in the operating room and am at present in charge of the O.R. in a private hospital. Yet with all this experience I must either practice nursing out of New York or in a foreign country.

The reason why I am forced to do this is because I cannot get my New York State license, not because my training school is not accredited but because I lack a year's high school science credit. I am a high school graduate, and have had a year's general science in high school, and two years' junior college chemistry in training.

I have excellent recommendations from the hospitals in which I have worked, and were it not for the fact that I do not have a New York State license, I could have been a supervisor in any New York hospital. It seems unfortunate that with the nursing shortage so acute in New York State, especially in city hospitals, that so many nurses cannot get their New York State licenses because of such technicalities.

R.N., NEW YORK, N.Y.

[This particular technicality need not keep any nurse from obtaining a New York State license. Where educational deficiencies exist, arrangement has been made for such persons to take a high school equivalency examination. No special requirement is made in science and the equivalency examination covers general information that any mature individual with average intelligence can pass.—THE EDITORS]

I've found an easy way to clean dentures:

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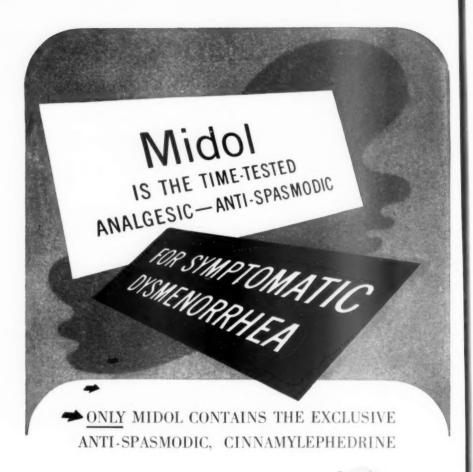
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The time-tested Midol formula provides in convenient tablet form effective, analgesics, a mild stimulant and the exclusive anti-spasmodic, cinnamylephedrine, which relaxes uterine spasm without undesirable pressor effects.





Dr. Harry J. Beuel, Jr., dean of the graduate school of the University of Southern California, speaking before the annual meeting of the American Dietetic Association, reported that recent animal studies do not support the theory that high fat diets contribute to obesity. It has been shown that high fat diets in animals remain in the stomach for a long period, giving a feeling of satiety and preventing excessive eating.

Metal curlers or tightly braided hair may cause bald spots above the ears, say three Los Angeles doctors, reporting on five cases of such baldness in women in the Archives of Dermatology and Syphilology.

An artificial kidney composed mainly of plastic and cellophane, about one foot square and weighing 10 pounds, has been developed and used successfully on certain types of kidney diseases at the Jewish Hospital in Philadelphia, but only in cases where the kidneys are not permanently impaired.

Three Mayo Clinic doctors writing in the JAMA state that degeneration of the spinal cord in pernicious anemia is reversible if treatment of vitamin  $B_{12}$  in conjunction with daily

coordination exercises is instituted early in the disease.

Olothorb Capsules, manufactured by Sharp & Dohme, are claimed to accelerate the absorption of fat in the small intestine thereby aiding nutritional status of patients who have undergone certain intestinal operations or who suffer from chronic diseases of the gastro-intestinal tract.

After six years, the first four patients treated with penicillin for syphilis, have been re-examined and found to be symptom-free.

According to Dr. C. J. Van Slyke, director of the National Heart Institute, only five of the more than twenty types of heart disease account for the majority of fatalities. These are congenital malformation, rheumatic heart disease, syphilitic heart disease, hypertension and coronary arteriosclerosis.

In the temperate-zone countries, diphtheria, whooping cough and measles still constitute the chief cause of death among pre-school children.



Simple Water Lens Microscope

March R.N. 1950

N.Y.

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■ IN THE PAST four years, our six national nursing organizations° have been engaged in an intensive effort to find a way to join forces. The swiftly changing and growing complexity of the nursing scene demands less duplication and more concentration of strength. For the past year the profession has studied two plans submitted by the Structure Committee. Plan I provides for one over-all body to include, in an advisory capacity only, laymen, and educator and service groups closely concerned with nursing, as well as professional nurses. Plan II provides for two organizations, one to include only professional nurses, the other to include both nurses, laymen and lay groups with the power of both voice and vote.

At the May, 1950 Biennial Convention, the memberships of the six national bodies will decide upon one of three choices—one over-all organization, two over-all organizations, or the retention of the status quo. The boards of directors of all these bodies voted at their recent January meetings to recommend to their members the adoption of Plan II, which provides for two national nursing associations—The American Nurses Association and The Nursing League of America. The boards were influenced in their decision by the opinion that prevails among their members who increasingly appear in favor of this plan.

Regardless of which plan is finally adopted at the convention, it will call for the broadened and changed thinking of American nurses. Hitherto, we have been engrossed in the blueprints of the plans before us. From now on, if the new plan is adopted, while a Steering Committee and a Constitutional Convention will iron out certain modifications of the plan and provide a tentative constitution and by-laws for our consideration, our thinking must be turned from the kind of structure we need to how we propose to use this structure. By far this is the more important question, for it involves not only our wise choice of leaders but also the informed participation of all members. Otherwise, we shall have only traded our present form of organization for a greater concentration of power at the national head. Concentration of power

<sup>\*</sup>Association of Collegiate Schools of Nursing, American Association of Industrial Nurses, American Nurses Association, National Association of Colored Graduate Nurses, National League of Nursing Education. National Organization for Public Health Nursing.

### EMARKS on STRUCTURE

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is advisable only when the members involved are fully aware of and exercise their prerogatives, and when they are kept well informed of issues and actions.

The American Nurses Association at present is a federation of state nurses associations, which in turn are themselves federations of district nurses associations. The proposed Plans I and II retain this admirable feature; the vital point of departure, the key note of the whole move toward consolidation, lies in the creation of occupational sections. The present national associations of occupational and specialized groups, like the National Organization for Public Health Nursing (NOPHN) and the American Association of Industrial Nurses (AAIN), will dissolve to form sections of the new professional nurses association. Other occupational sections will be created to join with them and with those already existing in the ANA. Thus, if a new plan is decided upon, the ANA will become a federation of occupational compartments called sections, as well as remaining a federation of state associations.

The underlying design of sectional planning appears to be based on three definite objectives:

1. To provide an assembly with voting power for each occupational group where it will have equal opportunity to work out and promote its own salvation.

2. To provide avenues through which the occupational groups may exchange and share mutual concerns and projects.

**3.** To combine these special interest sections into a unified force to promote the best interests of the profession as a whole.

However, there are perils in sectionalism. The proposed plans give each section autonomy. Autonomy means self-government. A serious question is how far can self-government go within another organization without weakening the whole structure of that organization? It is reasonable to believe that unlimited autonomy of sections could vitiate the work of the over-all governing body. We can also assume that a too restrictive autonomy would seriously hamper sections' development. Equally perilous would be a selfish autonomy on the part of any one section in which demands for priorities in budget and program emphases could deprive other sections.

[Continued on page 74]



## and the Moral Viewpo

by Rev. Timothy O'Connell, D.D.

Too Many Men of Science There is no doubt that scientists by their research have won great triumphs; man can fly faster than sound, he can

live and move under the waters of the earth for days on end. He knows something of the secrets of the atom, and he measures the distance to the stars, the speed of light and sound. He has unlocked many of the secrets of the human body. For all of these we are grateful, but we cannot be grateful that these triumphs have substituted science for God. These triumphs have so puffed up man, that he believes he is the master of the universe, that he does not need a God, nor need consider Him or His law when he acts. In a word, we have a religion of science, whose high priest is the scientist and whose only God is matter, evolving relentlessly on toward new forms.

> Too Few Men of God

The basic reason for this attitude is that many of the scientists believe that the only reality is matter, and that there is no

such thing as spiritual reality. They

do not believe that man has a soul. They do not believe in God as a person of intelligence or will but in some evolving lifeless mass or energy from which everything originates. There are some who admit that there is a deity, but they feel that He is not concerned with man or his doings. The result, however, is nearly the same in the field of morals, as if they were convinced materialists.

Nuclear Giants and Ethical Infants Medicine has been affected by this spirit, for book after book portrays the belief that the only reality is matter. The result

has been that we find too much medicine practiced without any reference to morals. The nurse, because she is associated with the practice of medicine, has gradually become infected too with the same spirit. She too has come to act, if not to believe, that the only thing that counts is the professional academic knowledge of matter expressed in the terms of chemistry, biology, physics and other related sciences. Some have gone so far as even to decry the traditional training of the nurse being centered about the patient even though nurse.

ing has no meaning unless it is concerned with patients. We cannot view the trend without misgivings.

Such a view is a very one-sided picture, because reality cannot be explained only in the terms of matter. God is a reality and His relationships to us must not be forgotten, if medicine and nursing are not to depart from the traditional way which the layman believes it still follows. God must not be forgotten because it will be fatal; for as He departs from consideration, medical ethics accompanies Him.

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Do not think that I exaggerate the importance of not forgetting God in His relationships to man in the practice of medicine and nursing. You have all heard of the terror filling concentration camps during the last war. In these camps medicine without morality was practiced. It was considered perfectly licit to do anything that might advance science or the interest of the State. The fundamental premise was that the individual man was composed of matter only. Thus he did not possess basic rights which it was unjust to take from him. He was considered to be essentially of the same nature as the chairs and tables in a room, or his dog. It was believed that just as worn out or damaged chairs and tables can be cast aside and burned without violation of law that the same treatment could be meted out to human beings with equal philosophical justification.

The

Euthanasia as a result was practiced on a vast scale. But, be-Conditioning fore it was practiced, the public was exposed to a process of

education. Books and motion pictures taught that it was useful and right to get rid of the hopelessly sick and insane. One motion picture depicted a woman suffering from multiple sclerosis. In it her husband, a doctor. finally kills her to the accompaniment of soft music rendered by a sympathetic colleague. Even children were taught in their mathematics about the cost of caring and rehabilitating the chronically sick and crippled and the desirability of their elimination. Once the public was considered to be sufficiently inoculated with the idea, the program began. All state institutions were required to report on the patients who were ill for five years or more, giving name, race, marital status, nationality, next of kin and so forth. This list was reviewed by the doctors, particularly professors of psychiatry in the key universities. These men who never saw these patients simply signed statements which sent them to their doom. In this way thousands of the mentally defective, schizophrenics, patients suffering from old age, infantile paralysis, parkinsonism, multiple sclerosis, and brain tumors de-

<sup>\*[</sup>The author, professor of Moral Theology at St. John's Seminary, Brighton, Mass., has permitted R.N. to extract that part of his paper "The Necessity of Ethics in Nursing" that examines euthanasia from the moral viewpoint. The whole paper was presented at the Fall Plenary Meeting, Nov. 19, 1949, to the Archdiocesan Council of Catholic Nurses, Bos-The controversy of whether or not ton, Mass. there should be legalized euthanasia has set the thoughtful people of all civilization to re-examining their own moral and ethical code. It is important that nurses be among these people. THE EDITORS !

parted from this life in the interest of efficiency and under the best of medical auspices.

Buchenwald

Imbued with the same disregard of God and morality, scientific experiments were carried on. One neuropathologist re-

ceived five hundred brains from the killing centers for the insane. Women were subjected to injections of numerous mixtures such as iodopine, barium and silver nitrate with jodized oil. These injections were extremely painful and many of the women died. X-rays were built into desks at which males would sit for 5 minutes ostensibly to fill out a questionnaire. In many cases the victims were found afterwards to have extensive necrosis of the skin. The effect of various poisons was also searched out. Selected individuals were given intravenous injections of phenol or gasoline; cvanide capsules which could be easily bitten through and mixed with food were given to others. The gasoline and phenol technique was eliminated because of their telltale odor in the corpse, particularly if a high ranking official was to leave this vale of tears

Artificial induction of septicemia was also a goal of scientific experiments. An intramuscular injection of one cc. of pus containing streptococci was the first step. When the abscess formed it was tapped and its contents inserted into the patient's unaffected arm. If the patient died then the autopsy proved that the death was caused by the same organism that had caused the abscess.

This experiment was performed almost exclusively upon Polish Catholic priests.

Because soldiers died on the battlefield from hemorrhage, research was made to discover a blood coagulant to be given before men went into action. The coagulant decided on was tested by clocking the number of drops emanating from the freshly cut stumps of living prisoners, and by shooting Russian prisoners of war through the spleen. To test how much immersion a man could stand in the icy North Sea, the doctors tried to duplicate the icy conditions and used prisoners in experiments on shock exposure to cold.

Pandora's Box Heteroplastic transplantation was also an object of scientific investigation. Whole limbs were amputated from live pris-

oners, and then the doctor would busy himself with futile attempts at transplantation. At the University of Strasbourg one doctor, fearing that the Jewish race would be entirely exterminated, asked for a hundred skeletons of Jews to be preserved for examination by future anthropologists. He was most careful to emphasize that the heads be not damaged.

The effect of sulfa drugs against gas gangrene was tested in this inhuman way. Necrosis was produced in the muscle of the leg by ligation and the wound was infected with various types of gas gangrene bacilli. Also, dirt and pieces of wood and glass splinters were added to the wound.

#### Euthanasia's Fruits

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This is a horrible tale. We here in America are aghast at such revolting brutality practiced on fellow human beings. But, we

must not forget in our horror the cause which permitted doctors to solve scientific problems in this inhuman way. These men undoubtedly believed that it was perfectly all right to do these things because they did not believe that the persons whom they treated so had any inviolable rights. They did not believe that men possessed such rights for they did not believe that there was a God whose law must be observed, whenever a human being is treated. They did not believe that the individual human being possesses a soul and because he possesses a soul he has rights which no man can violate for any purpose, even scientific.

> From Preserver of Life

These are fundamental ideas which cannot be overstressed, particularly in our day when we find their denial rampant

in every field. It must be recognized that ideas and principles eventually pass into action. In Germany the principle that man has no soul and all was matter, was logically applied in these camps and undoubtedly is applied in the same way in the utopian communist regimes. Since man has really no more inherent dignity or worth, if one looks at it from a philosophical viewpoint, than a guinea pig, why is it not licit to treat him in the same way as a guinea pig for scientific pur-

poses, was and is the reasoning of the materialists. There can be no denial of the rectitude of their conclusions if you admit their fundamental premise, that man has no soul and therefore no inherent rights because the only reality is matter.

To Legal Executioner What is alarming is that principles like these are upheld by so many scientists in America among whom we must num-

ber members of the medical profession. What if individuals possessing such views held control or could influence medical policies in American medicine? Do you believe that their ideas and principles would not be logically applied to every medical problem? If you don't believe it could happen here, you are naive and completely unaware of the fearful implications in the medical procedure adapted in certain problems and programs already advocated in the name of social progress.

There is in this country already an association devoted to propagating the glories of euthanasia. At the present moment, the victim would freely offer himself for sacrifice. The legislature of New York has already turned down the petitions of this group to make this a matter of law. You must have noticed, too, in the newspapers the reports on the occurrence of mercy killings every now and then. Have you not noticed at the same time the surprising defense made of these murders from rather high quarters? Have you not noticed an outpouring [Continued on page 73]



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■ SOCIETY HAS made few provisions for the indigent aged, either in the past or present, and existing facilities for the care of our older citizens are pitifully inadequate. That this already serious problem will become more acute as the average life expectancy climbs higher is undeniable unless some corrective measures are set in motion.

"State mental hospitals today often receive many persons who may not be severely mentally ill, but for whom there are no other facilities," said Dr. Daniel Blain, Medical Director of the American Psychiatric Association at the Mental Hospital Institute in Philadelphia (April, 1949). He also asserted that one of the reasons for the increase in admissions to mental hospitals is the growing number of aged in the population. At present, the number of persons over sixty-five is estimated at upwards of ten million. It has been stated that persons over 60 years of age accounted for about 35 per cent of the commitments to N.Y. State mental hospitals from 1942 to 1948.

Unfortunately for all concerned,

state mental institutions are crowded with human beings who chiefly need custodial care; consequently, there are defects in the care and treatment of the minority who have the acute mental illnesses and who are in greater need of specialized care. The old people who are assigned to the psychiatric wards in these institutions receive little or no benefit from their hospitalization as well as being a deteriorative factor where the care of younger patients is concerned.

The fact that there is generally no grouping of patients in state mental hospitals other than by sex is evidence of the weight these older patients carry in determining hospital routine. They enter in such overwhelming numbers that hospitals are unable to segregate them completely from either the acutely or chronically ill younger patients. This haphazard and inefficient grouping creates a difficult situation for the attending doctors and nurses who cannot, under these conditions, give the proper individual care. Inevitably under this system, the older, less ill patients siphon the hours of attention away from the psychotic patients with the result that both types of patients receive custodial care only.

Money is considered the "root of ill evil," and indeed the lack of it seems to be the basic cause of poor conditions in state mental institutions. Apparently the solution to one problem lies in the solution of another problem first. Each year the state spends thousands of dollars on the custodial care of younger persons who, with effective psychiatric treatment, might be working and paying taxes to the state. The argument has often been raised that if the state would invest more of today's tax money in prevention and treatment of mental illness, it would reap huge benefits in the taxes of tomorrow. It would save money which figuratively is now being poured down the hospital drains.

This doesn't mean that the state should disclaim responsibility for aged patients requiring custodial care, but it does mean that it should realize its obligation to these patients by providing custodial institutions solely for them. State mental institutions, which now house so many of our aged, were primarily built for the immediate care and treatment of the mentally ill. To consider all the people in mental institutions as being in need of extensive psychiatric treatment and care is certainly a fallacy.

In discussing what is to be "done" with the aged, there is the possibility that some persons will be offended. After all, many of these people have offspring who should be willing and able to care for them. But if this is so, why are the state mental hospitals overloaded with those whose only real illness is *old age?* 

I personally believe that specially constructed barrack-type, onestory buildings situated just outside of urban areas, would afford an excellent opportunity for healthful living for ambulatory old people. Groups of these buildings, with single

by Alfred Reetz, Jr., R.N.

or double rooms and conveniently located dining rooms, would form an ideal community for the aged. Certain industrial facilities, if possible, within the area, would contribute to the residents' security. Also, small hospital buildings or infirmary units could be provided for those who required bed care.

The personnel caring for these groups of aged persons might consist of:

1. Psychiatrists and general physicians with geriatric experience for diagnosis and treatment of those persons brought to their attention by the attending nurses. As a reasonable estimate one resident physician with a psychiatric background might be

expected to care for 1,000 inmates, each doctor making rounds of his group at stated intervals.

2. Psychiatric nurses, one for every 200 ambulatory patients, to provide general supervision and physical and mental care as prescribed by the doctor. Their job would also be to instruct and supervise attendant personnel in mental hygiene and geriatrics and to act as liaisons between patients and physicians.

**3.** Attendants to assist and direct housekeeping in units and to report changes in patients to the nurses. To avoid long periods of idleness, the attendants could be assigned to recreational and occupational groups. If each [Continued on page 78]

### SOVIETS and CLEANLINESS

■ THE KREMLIN-CONTROLLED press recently remarked that American factories are filthy in comparison with Soviet plants which, of course, are models of cleanliness. It also implied that cleanliness is an exclusive property of the Russians. On-the-spot American observers, however, have different stories to tell-dirty stories. Eugene Lyons, former United Press correspondent in Moscow just before World War II, says that lack of cleanliness was a common condition in Russian factories, public buildings, trains and homes. For example, his neighbors believed that the bathtub was a natural place to store garbage. And when his wife was a patient in a Moscow hospital he had to bring bed linen from home, because of the hospital's dirty linen supply. Doctors, nurses and patients swarmed about Mrs. Lyon's bed, not to observe the patient, but to marvel at the dazzling sheets and pillow caselaundered with American soap. Post-war travelers have come to the same conclusion as Lyons, namely, that Russia is a dirty country. One of the chief deterrents to Russian cleanliness is the 300 per cent sales tax on soap which has hiked this item into the luxury class. Evidently what our friends behind the Iron Curtain need is one of those diabolical capitalistic products—a good 10-cent bar of soap.

A condensation of Claude Wilbur's article published in a monthly bulletin on cleanliness training and health education.

# CANDID COMMENTS— ON THINGS I'D LIKE TO SEE

■ AFTER MORE than a quarter of a century of travel among nurses, of learning from them and of sharing with them what I've learned, of seeing some dreams come true and some remain dreams, there still are many things I'd like to see. Every day seems to bring more to my list.

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First and foremost I'd like to see every nurse stand away from her daily stint to look at nursing objectively. Too many of us are sorry for ourselves or are too engrossed in the daily irritations and frustrations to ealize the greatness of nursing. Nursing is great. We realize it when we think of the vast armies of people whose lives have been saved and improved because nurses in little and big places have added their mite to the sum total.

Recently I attended the annual meeting of the Joint Board made up of the boards of directors of our six national nursing organizations. Here were about seventy women (and one lone man) from all parts of the country, and every branch of nursing—private duty, general duty, administration and all the rest. There were no high chairs or low chairs—everyone was on the same level; everyone free to hold and express opinions. They talked not of little things but of great issues; the things that affect the

lives of patients and the well being of nurses—the accrediting program, the improvement of nursing care, of nursing education. They examined the final recommendations of the Committee on Structure.

As the day wore on, I was completely absorbed with the conduct of the meeting. The decisions were weighty; there were sharp differences of opinion, yet every issue was met with competence and fair play. There were maturity and strength in the compromises that had to be made—wisdom in the decisions. No meeting before has ever impressed upon me so poignantly the strong qualities that nursing breeds. I knew then that we need not be afraid. There is a mighty power in nursing and it is always turned toward the good.

There are other things I'd like to see. Much of the power of nursing is hidden—tucked away in the minds and spirits of "little" nurses afraid to speak of tribulations and ambitions, yet a power that must be brought into action. Every good, experienced nurse has ideas about better ways to do things. Every nurse needs to learn of the tribulations and ambitions of others in the health team. Every nurse has every right in the world to

by Janet M. Geister, R.N.

March R.N. 1950

bring her testimony to a forum; therefore, I would like to see the section meetings of general duty and private duty nurses and any similar groups free of the presence of any person who may "cramp their style." It is not just or reasonable for people with power to impose their presence on a group without similar power; especially a group that is trying to find its way in a very confusing world.

I would like to see more nurses take a responsibility for the provision of nursing care beyond that involved in their day's work. Just before Christmas I was in a hospital office when the harassed nursing director came in. "What are we to do? Half the nurses are going home for Christmas, but the patients can't go home. The house is full with beds in the corridors. There is no relief to be had. I called the registry, but it's the same story there."

Who of us doesn't want to go home for Christmas? But there's a half-way place in the business of holidays and weekends. Any nurse worth her salt feels an obligation to her institution, profession and community as well as to her family. Good leadership and good sportsmanship together can effect a rotating system whereby nurses take their turns at the unwanted shifts. "The patients can't go home" and their kinfolk know it well. We need the public's confidence more today than ever. It can't be built primarily on a public relations program -public confidence is a capricious thing. It is built on a foundation of adequate service. Nearly 150 county medical societies, aware of this fact.

have established bureaus for roundthe-clock handling of emergency calls. Every man in the bureau must take his turn at the unwanted shifts. I'd like to see nurses follow suit.

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The registry is the business office of the private duty nurse. I'd like to see interest in official registries revived and strengthened. If the nurse is to participate in any plans for insured nursing care, who but the registry can act as her business representative? If private practice becomes an area of more specialization, as the trend seems to indicate, who but the registry will record the nurse's abilities and wisely distribute her services? Where, but to the registry, does the community turn for the flexible. cooperative reserve that must always be at hand for the ever present but unpredictable emergencies?

I'd like to see our district nurses associations provide a way to investigate every major complaint against nurses. Facts are wonderful instruments in the battle for justice. If a nurse is found guilty of wilful negligence, the facts must be laid squarely before her. I will not mention here what other action seems indicated. The subject is too long, involved and touchy. If a nurse has been falsely charged with negligence or malpractice, the facts must be laid before those making the charge. Time and again in my own experience in investigating complaints, nurses were thoroughly vindicated and at the same time the very people who complained became staunch new friends of the association.

A registry committee on which I

served investigated every complaint referred by the registrar. I learned then how defenseless is the lone nurse! Sometimes she was wrong because she knew no better-or because no one seemed to care if she was wrong or right. Sometimes she was wilfully selfish and negligent. But more often appearances were against her, as in the dramatic case of the nurse found in deep sleep beside her very sick patient. Morphine was missing from the medicine cabinet-the conclusions were obvious, But upon investigation we found the nurse at home in a diabetic comaand we also found that someone else had taken the morphine.

As we work to bring nurses under

social security provisions and to get better employment conditions, I would like to see more of us work as hard to help ourselves. Too many have typical nurses' hands with spaces in between the fingers for money to slip through. A personal friend who recently died, proved what could be done on a moderate salary. She left a fine little home and the remainder of an annuity from which she had derived a very comfortable living. She never lived meanly, but it was her fixed rule to save a certain portion of every salary check. Over the years it added up. She was one who felt a keen responsibility for self-help. Our state nurses associations are tending toward a greater

### **Probie**



"Only up to the elbows!"

interest in insurance and similar plans to stimulate nurses to do more to help themselves while the associations work to improve general employment conditions.

I would like to see us break down the sectionalism in our thinking. We think too much in terms of our own specialties-and too little about the others. I heard a nurse, top-drawer in one field, dismissing the complaints of those in another with an airy, "Oh, those things aren't important." She had not the slightest idea of how important they were for she had never made the slightest effort to find out. I heard other nurses bitterly criticizing a nurse administrator who had problems enough to break her heart -but neither side had any idea of what the other was going through.

It would be a nicer world if we would only remember that what we do not understand we tend to criticize. We begin our learning by asking instead of accusing; by listening instead of talking. We need to understand each other. A successful nursing administrator said earnestly the other day, "I'm convinced we can never solve our difficulties by departmentalized thinking. Every problem reaches into every department. We've got to find new ways of working things out together."

Some districts are so large in area that nurses go to meeting only when it is held nearby. I'd like to see our district nurses' associations develop more forums; informal forums where nurses could meet regularly to exchange ideas and experiences on given subjects could be a partial an-

swer to this problem. Forums are valuable, even where distance isn't a factor. Personally, I'd organize the first one not on structure or the Brown Report but practical nursing,

Thousands of words spill out on practical nursing-yet how much does the average one of us know what it's all about? We have a committee working on practical nursing legislation-another on practical nurse education. Where are the committees or forums that bring these things into proper focus-that help us understand the whole situation-that enable us to share intelligently in the decisions that are made? We can never handle the practical nurse situation justly until we all speak the same language and we surely are not doing that now.

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I'd like to see nurses put as much study and intelligence into their selection of officers and board members as they put steam and din into their complaints about what the associations do and don't do. An association cannot rise above its officers and directors-and members-for their sum total is the association. Our elected people have power to act for us, and as our world becomes more complex their decisions carry greater weight. These decisions affect everything from human life down to our very bread and butter. A board member too weak or polite to challenge or too uninformed to vote wisely is dissipating the power we grant.

We should begin to ask questions about our elections. Who in our district sends nominations to the committees? Who [Continued on page 60]

### FOR TIRED TASTE BUDS

by Lynne Svec

■ PASS THE glutamate, please." These are the words that should perk up jaded appetities and lagging dinner table conversation in the near future.

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estions ar dismmitge 60] Glutamate, also known by its full name, monosodium glutamate and by initials, MSG, is a salt of glutamic acid, one of the 23 known amino acids contained in protein. Extracted by an expensive and intricate process, this white substance that looks like finely granulated sugar serves as a spur to appetites, for it has the unusual quality of making food taste more like itself.

While glutamate does not flavor foods—it has no distinctive flavor of its own—it intensifies the natural food flavors, retaining them at optimum strength for long periods of time, even when foods are subjected to the enervating treatment of the steam table. A surprisingly small amount of glutamate is required for maximum

effectiveness; the range of addition for most products is from 0.05 to 0.5 per cent of the weight of the food.

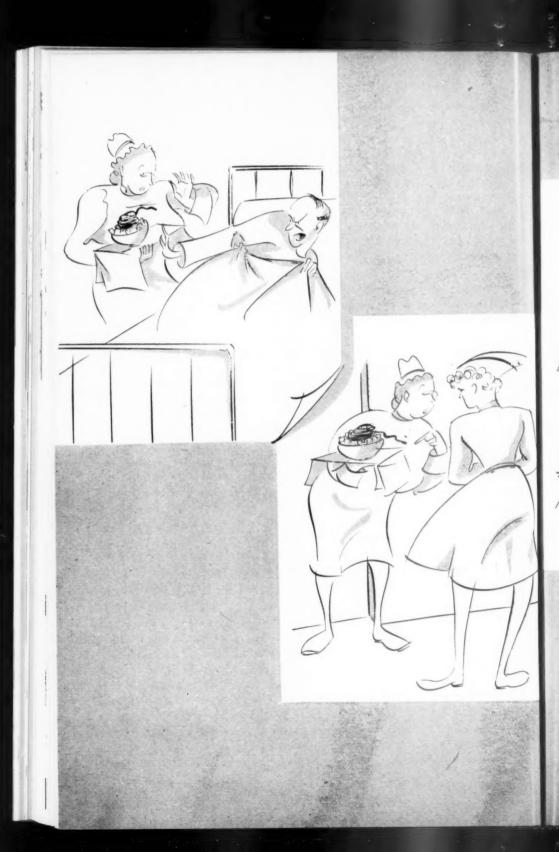
Glutamate acts by relaxing and expanding the taste buds, thus allowing a larger surface to be exposed to the food passing through the mouth. It not only makes taste buds supersensitive to the inherent flavor of such foods as chicken, beef, pork, lamb, cooked vegetables and dehydrated soups, but in many cases it suppresses undesirable flavors. It appears to remove the "raw" taste of some cooked vegetables, blocking out much of the sharpness of onion, diminishing the "earthy" taste of potatoes and subduing the "fishy" flavor sometimes detected in lima beans.

The earliest use of glutamate to stimulate and enhance food flavor goes back a century or more. Natives in the Far East used to flavor their food by cooking with it portions of seaweed [Continued on page 82]

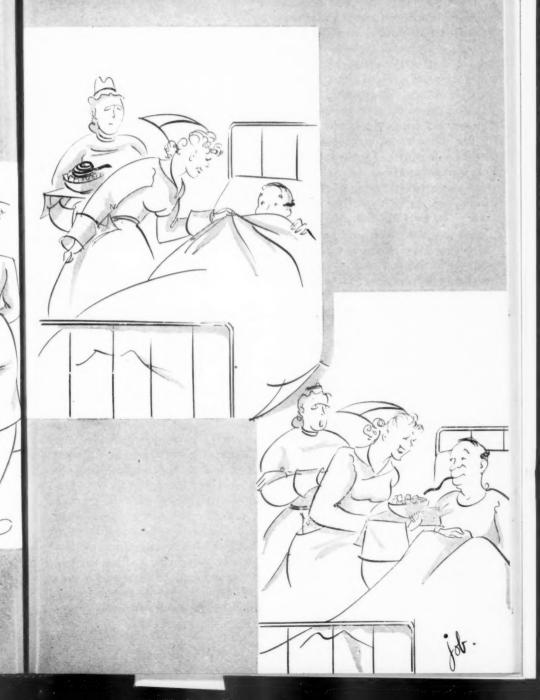




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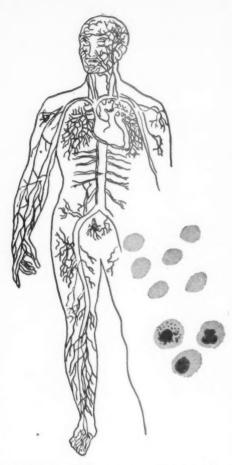
# Hook, Line, and Sinker



● ANEMIA, a word derived from the Greek "an"—without, and "aima"—blood, is commonly used in medicine to describe a condition arising from an abnormally low volume of blood, a decrease in the number of red blood cells or the amount of hemoglobin contained in those cells. To understand some of the causes and effects of the various anemias—for anemia itself is not a disease—it is first necessary to review briefly the origin and functions of the red blood cells or erythrocytes.

The first step toward erythrocyte formation is taken in the stomach where an extrinsic factor in certain foods reacts with an intrinsic factor in gastric juice to produce a chemical called the anti-anemic factor or erythrocyte maturing factor-EMF for short. After being absorbed by the intestines, EMF goes to the liver and kidneys for storage and call duty. Varying amounts of it are continually being sent out by the liver to the bone marrow to stimulate the formation of red cells. In the marrow where they reproduce by mitotic division, the cells pass through several developmental stages until they are released as mature non-nucleated cells to the circulation.

In their mature form in the blood, the erythrocytes normally appear as biconcave, saucer-shaped cells with a spongy framework. Caught in the meshes of this framework is hemoglobin, a protein and iron compound containing 80 per cent of the body's iron content. This organic iron compound is responsible for the cells'



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distinctive red color and one of their most important functions—that of oxygen transportation.

Because of their supply of hemoglobin, which has a special affinity for oxygen, the erythrocytes traveling through the bloodstream are able to convey this life-giving element to all of the body cells. In addition to their special oxygen transport job, the red cells carry fatty substances and sugar, and help to maintain the normal pH of the blood. After completing their life cycle, which averages about 80 days, they are destroyed by the spleen or by mechanical wear and tear in the blood stream, and their iron is salvaged for the formation of new cells.

In order to fill their normal quota which ranges from 4,500,000 to 5,000,000 per cubic centimeter of blood, the red cells must constantly be replaced. They must not only be produced in adequate numbers but released to the blood in mature forms containing the correct amount of hemoglobin, for a falling off in quantity or quality will inevitably result in anemia.

The anemias which result from some breakdown in the red cell pro-

factory is out-of-order; consequently, the only treatment consists of blood transfusions until the marrow can resume its function. Idiopathic aplastic anemia is always fatal as is usually another kind of normocytic anemia caused by cancerous bone marrow destruction.

Anemia arising from acute hemorrhages occurring in injuries, surgery, tuberculosis, stomach ulcers or cancer also exhibits normocytic cells. In this type, the familiar signs of restlessness, weakness, pallor and perspiration are not due to the decreased amount of red cells and hemoglobin but rather to an inadequate blood supply, therefore blood transfusions

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duction line can be somewhat vaguely classified as primary if causes are unknown or obscure, or secondary if etiology is known. A more specific classification, utilizing laboratory findings, describes anemia as normocytic (normal size cells), microcytic (small celled) and macrocytic (large celled). Microcytic is usually modified by hypochromic, meaning a low color index, and macrocytic by hyperchromic, signifying a high color index.

One type of normocytic anemia, called aplastic, results from depression of bone marrow caused by radioactivity or chemical substances such as benzene, toluol and arsphenamine. In these cases the bloodmaking factors are present but the

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followed by iron therapy are usually indicated. Chronic hemorrhage, however, from ulcers, cancer of the stomach, colitis, hemorrhoids, menorrhagia, may frequently lead to a small celled or microcytic hypochromic anemia since the prolonged excessive loss of iron cannot always be compensated for by the iron supplied in the diet. This microcytic or so-called secondary type of anemia is also commonly found in pregnancy, infancy, adolescence, infectious diseases, parasitic infestations, and impaired physiology of the gastro-intestinal tract following surgery or malignancy. It can generally be treated satisfactorily with iron therapy, provided that treatment is also aimed toward clearing up the disor-

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ders which have caused the anemia.

Babies who develop anemia from a prolonged milk diet and adults who have an inadequate iron intake or vitamin B or vitamin Cadeficiency may respond rapidly to iron-vitamin therapy and a more balanced diet. for red blood cells need not only iron for their formation but also proteins, fats, carbohydrates, salts, vitamins and water. The blood-building drugs used in the treatment of microcytic types of anemia may be metallic iron powder, ferrous carbonate (Blaud's pills), ferric ammonium citrate (frequently used in infants' formulas), tincture of ferric chloride or ferrous sulfate. Copper, which has been claimed to assist in the body's utilization of iron may also be prescribed, although some authorities believe that its inclusion in iron therapy is only justified in the nutritional anemia of infants.

Patients with secondary anemia must be reminded that certain foods have a high therapeutic iron content, chief of which are apples, apricots, beef kidney, livers, prunes, peaches, raisins, raspberries, red meats and green vegetables. Supportive hygienic measures of sunlight, sufficient rest and freedom from mental stress and strain also work wonders for the tired, wan victims of nutritional anemia.

The large celled macrocytic anemias, which appear when there is a lack of any of the three essential factors found respectively in the gastric secretion, the food or the liver, and which consequently hinder development of mature erythrocytes, present a more serious situation. Some macrocytic anemias may be caused by a defect in the absorption of the extrinsic factor as in various intestinal [Continued on page 56]

### ON-THE-JOB MILEAGE

■ EIGHT HOURS of floor duty add up to how many miles? According to a study conducted in a 900-bed general hospital, 45 nurses working in 11 different departments covered an average of 5.46 miles daily. Those on duty in the isolation and girls' orthopedic wards had the lowest average (3.9 miles), while the highest average (7.5 miles) was recorded in the diet kitchen. Individual distances ranged from 2.4 to 9.4 miles daily. The study, a highly scientific one, was made with the use of a specially devised pedometer, after the investigators (Roland Rooks, Ph.D., and M. E. Barnes, M.D.) discovered that the ordinary watch-type pedometer was not sufficiently accurate for their purposes. Reporting their findings in a hospital magazine, the two doctors state that the trend toward larger institutions presents a problem which merits consideration: how to reduce the "walking load" of hospital personnel.

### Nurses Abroad Write American R.N.'s

A THREE-CENT stamp can be your contribution toward promoting world understanding and friendship. Incredible? Yes, but true. Through the efforts of the "Letters Abroad" program of the World Affairs Council of Philadelphia, thousands of letters are exchanged across the seas and the correspondents on either side are making new friends, learning new ideas and developing an appreciation of the other one's way of life.

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Among the participants in the program are many nurses from other continents and if American R.N.'s are looking for a willing ear for their opinions about patient care, they have a ready outlet in their colleagues across the ocean. Both men and women in the foreign nursing field have asked the Council to find them American nurse correspondents.

A number of nurses here are already engaged in correspondence with nurses abroad. A Florida R.N. writes to a German baby nurse who is interested in American methods and procedures of maternity nursing; an ex-Navy nurse from Minnesota writes to an English nurse who, although married and the mother of two sons, still works part time in a hospital to help relieve the nursing shortage; and a male nurse in New York is corresponding with a male nurse in Holland. Choice of correspondents for American R.N.'s is, of course, not limited to nurses. One Philadelphia nurse has found great enjoyment in exchanging ideas with a German doctor. Recently, the Council had a request from a blind boy in Germany who wanted to correspond with a registered nurse.

Nearly every country in the world except those behind the Iron Curtain is represented among the nurses who are now writing to Americans under the "Letters Abroad" program. The World Affairs Council, 1411 Walnut St., Philadelphia 2, Pa., is ready to give you the name of someone eager to become your friend. When you write to the Council, tell something about yourself, so that they may match you with someone of similar age, occupation and interests. In your letter, tell whether or not you read and write a foreign language, for although some foreigners know enough English to carry on a correspondence in it, many do not. With your letter to the Council, enclose a three-cent stamp which will be used to send you the overseas letter. When you receive this letter, you may begin writing directly to your new friend.

Each time a letter is dropped in your mail box, you will be receiving a fresh, intimate picture of a land you may never have seen and in return you will be sending a glimpse of America which your correspondent will cherish. May your correspondence be a long and happy one!

-EMA LOU RODINI





### CRYSTALLINE VITAMIN B12 U.S.P.

(Hematopoietic)

PROPRIETARY NAMES: Berubigen, Bevidox, Cobione, Rubramin.

**PHARMACOLOGY:** Vitamin  $B_{12}$  originally isolated in crystalline form from large quantities of liver, can now be produced commercially from the culture broths of Streptomyces griseus, the mold from which streptomycin is obtained. The substance, estimated to be a million times more potent than liver extract, has been claimed by some authorities to be the actual anti-anemic principle of liver. Cobalt found in Vitamin  $B_{12}$  may have some bearing on the utilization of iron for hemoglobin formation. The drug has proved to be particularly effective in treatment of pernicious anemia, nutritional macrocytic anemia, sprue and macrocytic anemia of infancy and not so successful in the macrocytic anemia of pregnancy. In contrast to folic acid, vitamin  $B_{12}$  appears to arrest nervous system degeneration and glossitis in pernicious anemia as well as effecting proper maturation of red blood cells in the bone marrow. It has the further advantage of being well tolerated by patients allergic to liver medication. (Crystalline Vitamin  $B_{12}$  has recently been admitted to U.S.P. XIII by interim revision.)

DOSAGE: This depends on the individual case, but in general an average dosage of 10 to 15 micrograms (one microgram=one-millionth of a gram) once or twice weekly is indicated, followed by a maintenance dosage of 15 micrograms every other week or every two weeks. One microgram is approximately equivalent to one U.S.P. unit of standard liver extract. The drug is available in 10 cc. vials or 1 cc. ampulses for I.M. or s.c. dosage.

UNTOWARD ACTIONS: None have been reported as yet.

### FERROUS SULFATE U.S.P.

(Hematinic.)

PROPRIETARY NAMES: Many commercial preparations of ferrous sulfate, alone or in combination with vitamins, liver extracts, folic acid, etc.

PHARMACOLOGY: Ferrous sulfate, one of the inorganic salts of iron, is converted to absorbable form by gastric secretions. It is used in hypochromic microcytic anemia where there is an iron deficiency due to inadequate iron intake, inadequate absorption, vitamin B or C deficiency and other causes. The iron passes from the small intestine via the blood to the bone marrow where it is utilized in making red blood cells. Reserve supplies of iron are stored and much is excreted; patients receiving iron therapy commonly have black stools. Iron medication must be taken regularly for an adequate period to assure hemoglobin production. It has been stated that the patient showing a hemoglobin of 50 per cent will need about 50 days of iron therapy.

DOSAGE: One 0.2 Gm. tablet containing the exsiccated or dried form of ferrous sulfate may be given to adults three or four times daily after meals. Children require smaller dosage since the drug is more toxic for them than adults. Elixir dosage may be administered between meals, added to fruit or vegetable juices.

UNTOWARD ACTIONS: Because inorganic iron preparations are irritating to the stomach, ferrous sulfate tablets should be given after meals. Rest periods of one or two days are indicated if dosage results in cramps, constipation and gastric distress. Liquid dosage should be well diluted and given through glass tube or straw, for iron discolors tooth enamel.



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### LIVER EXTRACT U.S.P.

(Hematopoietic)

PROPRIETARY NAMES: Many commercial preparations alone or in combination with vitamins, iron, stomach extract and folic acid.

PHARMACOLOGY: After discovery of the therapeutic role of liver in pernicious anemia, a fraction was isolated from mammalian liver containing the active antianemic principle in high concentration. Because purified liver extracts stimulate bone marrow production of red cells they are used therapeutically in macrocytic anemias of pernicious anemia, sprue, pellagra, pernicious anemia of pregnancy, liver disease, fish tapeworm infestation and chronic intestinal obstruction and occasionally severe secondary anemias. All these conditions may also respond to administration of crude liver extracts which contain other factors present in whole liver. Although occasionally liver therapy does not markedly improve nervous system complications or stimulate production of hydrochloric acid, it eliminates gastro-intestinal symptoms, poor appetite, pallor and fatigue; normal red cell production begins in a few days. Within a few weeks red cells and hemoglobin may be normal.

DOSAGE: A U.S.P. unit means the amount which, if given daily to pernicious anemia patients, will effect satisfactory clinical response. Although dosage depends on the individual case, minimal I.M. dosage is generally one U.S.P. unit daily with a maintenance dosage of one unit, one to four times monthly. Intramuscular injections are more effective than oral dosage of capsules or solution.

UNTOWARD ACTIONS: Aftergic reactions may include weakness, pruritis, urticaria, increased pulse rate and drop in systolic pressure. Injections may also cause tenderness and induration.

#### FOLIC ACID N.N.R.

(Hematopoietic)

PROPRIETARY NAMES: Folvite, Folikirk, Sodium Folate. (Folic acid may be combined with vitamins, iron, liver extract, copper, etc.)

PHARMACOLOGY: The synthetic form of folic acid known chemically as pteroyl-glutamic acid, was first reported effective in the treatment of macrocytic anemias in 1945. True folic acid is found in several foods, chiefly leafy vegetables, yeast, mushrooms, kidney and liver. Although its role in human nutrition has not been definitely established, it does induce formation of mature red blood cells in the bone marrow and also increases the number of white blood cells. It has been used successfully in sprue, gastro-enteric disturbances, pellagra and anemias of infancy or pregnancy. Since it may hasten nervous system degeneration in pernicious anemia, it is not recommended. The drug has also been employed effectively in leukopenia caused by radiotherapy or bone marrow depressants.

DOSAGE: Folic acid is available in 5 mg. oral tablets; I cc. ampules equivalent to 15 mg. for I.M. use; and an elixir, each teaspoonful containing 5 mg. Average daily dosage for adults in relapse is 10 to 20 mg., for children 5 to 10 mg. Maintenance dosage may be 5 to 10 mg. daily.

UNTOWARD ACTIONS: Certain patients who have received an intravenous dosage of between 50 and 250 mg. complained of flushing, tinglifing of extremities and face. A recent report cited a case of maculopapular dermatitis from oral dosage and an anaphylactoid reaction from I.V. dosage of 50 mg.

### The Shoemaker's Children

I AM SURE any doctor's wife will agree with me that, on the whole, doctors are socially charming, wellread, intelligent, considerate men, who frequently have delightful hobbies ranging anywhere from trout to tapestries. Professionally, they are cool, logical, precise, ethical and critical: that is, unless they are treating their own families for some of the minor ailments that do not warrant disturbing a busy colleague. Then, anything can happen. There is no predicting whether the good doctor may sweepingly disregard his wife's threatening appendix, or go entirely to pieces over his two-year old's dripping nose. A doctor's family, left entirely to his mercies, is likely to endure either whirlwinds of zealous concern or doldrums of nonchalance.

Take my own case. Whether it's Mrs. Stuyvesant Phipps on Upper Hillcrest, or Mrs. Louella Stebbins



on South Skunk Alley, my husband's concern for their chills and fevers is touching. They are entreated to take to their beds, to "push fluids" assiduously (listening wistfully to the telephone conversation, I envision great pitchers of colorful juices. topped by sprigs of fresh green mint), and to await the arrival of the referred internist who will be armed with the latest antibiotics to fight off the threatening infection. But when I mumble through my stuffy sinus that my cold seems to be gaining on "be this borning," what do I hear? "That so? Say-could you drop me off at the hospital and leave the car over at the garage to be oiled and greased? Pick me ur about one."

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One doctor's wife I know stumbled weakly about the house after a cold for 10 days. With glazed eyes she proceeded about the family laundry, the bathing of children, the preparation of meals, and attending the ever vociferous telephone. At last, dramatically fainting on the stairway just as she was leaving for a medical society auxiliary meeting, labeled a must by her civic-minded husband, she rated an examination and x-ray which revealed a lively pneumonia. So chagrined and frightened was her husband that he didn't dare let her out of bed for days after the attending colleague had assured him it was safe. Her stay in the hospital estab-

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### by Margaret F. Howe

lished a record for a pneumonia case that season. As she put it—a bit acidly, "Once they get going, they get damned thorough!"

Another medic of our acquaintance has a penchant for following the literature of the pharmaceutical houses with religious zeal. Always open on his desk is some publication listing the results obtained with some new chemical marvel, which he examines with a critical eve during all odd moments such as while waiting for patients to robe or disrobe. Over coffee and brandy he discusses with his colleagues their experiences with medications and dosages; the best is none too good for his patients. But when his family is sick, what does he do? Does he dash off a prescription for the newest -illins and -mycins? He does not. Instead he rummages through his bottom drawerthe one that isn't classified-emerges with a motley handful of samples from the last five years, and proudly presents them to the ailing patient. saying something like "This is almost as good as penicillin" or "This works about like streptomycin." It is a family joke that if he comes home with "store-bought medicine" they know they are practically ready to embark with the grim ferryman of the Styx.

And then there is the obstetrician, obviously in deep water when he is

confronted with anything but threatened abortion, ruptured membranes and placenta praevia, who puts all his domestic faith in the clinical thermometer. His theory is that if there is no fever, there is nothing to fuss about. Any member of his family who can't produce at least 99.7° is a gold-brick. His wife has even been known to run warm water over the thermometer in order to rate a pill or two.

Another amusing thing about these fascinating men is their quick concern over those ailments which fall within their own specialties. One of our best friends is an excellent internist whose eternal struggle with the mighty microbe has left its mark. In his household the proffer of a box of candy is prefaced by a call to General Quarters against the Germ. Everyone is offered the use of soap, towel and washroom with the same gracious gesture that accompanies the offer of refreshment itself. This man is definitely unhappy at church suppers or anywhere where an official food [Continued on page 62]





► TWO BURMESE NURSES, Ruby Thaw and Hla Sein, who recently completed postgraduate courses at the Margaret Hague Maternity Hospital at Jersey City Medical Center have won extension of their visas on the grounds that they don't believe it safe to return to their Communistdominated homeland. One of the staunchest defenders of their right to stay in this country was Maj. Gen. Frank D. Merrill of Marauder fame who first met the nurses during Gen. Joseph Stilwell's retreat from Burma in 1942. Miss Thaw and Miss Sein were sent to Margaret Hague by Dr. Gordon Seagrave, author of "Burma Surgeon." Rep. Peter W. Rodino, Jr. (D., N.J.), who secured the visa extension, has recently introduced a bill that would give permanent U.S. residence status to the two Burmese nurses.

▶ A SUMMING UP of ANC activities for 1949 by Col. Mary G. Phillips, Chief, ANC, shows that the Corps is still somewhat short of nurses. Col. Phillips points out that in order to meet the authorized quota within the first six months of 1950, it will be necessary to appoint 100 nurses a month. The Army's greatest need in the specialized nursing fields is for nurse-anesthetists. At

present these nurses may be appointed in the ANC through the grade of captain . . . In a special statement on the ANC's 49th anniversary in February, Col. Phillips remarked that the Corps was "exploring the possibilities of establishing health nursing programs" at some of the Army posts. She added that this innovation should decrease the hospital patient load, make the outpatient service more effective and also better "utilize the public health preparation and experience of several members of the Corps."

► INDUSTRIAL NURSES' Session of the 20th Annual Safety Convention and Exposition will be held Tuesday, March 28, in the Grand Ballroom of the Hotel Statler, N.Y.C. Dr. Edith Quimby will speak on "Safety in the Use of Radioactive Isotopes;" Dr. William McConnell on "The Role of the Nurse in Detecting Health Hazards" with a demonstration of techniques by Mr. J. William Fehnel. Helen Cranton, Industrial Nurse Consultant of Conn., will discuss "The Industrial Nurse as a Teacher in Safety and Education Programs." Session admission tickets and programs may be obtained at the door or by writing Miss E. H. Van Steenbergh, in care of Johns-Manville Corp., 22 East 40th St., New York 16, N.Y.

► CLINIC HEADLINES: In Boston a free health protection clinic, the first of a proposed series of five, has been opened to the public at the New England Center and Pratt Diagnostic Hospital. Sponsored by the Mass. Medical Society and the Mass. Dept. of Public Health, this new service offering complete physical check-ups is available to anyone 18 years or over who is not under a physician's care. The patient is not given a diagnosis but he may be advised to see a physician if findings indicate disease . . . New York Hospital's non-profit diagnostic clinic for ambulatory patients who can pay is the first of its kind in the city. Although patients not under a doctor's care may use the facilities, it is expected to be chiefly a clinic where doctors may refer difficult cases . . . The new clinic recently opened at Bellevue Hospital for the indigent sick breaks away from the impersonality and dreariness of the ordinary city clinic. This newly-decorated and well-equipped unit resembles the private group-care center. Patients have definite appointments, but if they have to wait, will sit in small waiting rooms instead of the customary cheerless room filled with long benches. They will also be treated in private rooms by one doctor assigned especially to their case.

▶ THE HUE AND CRY over health bills is on again with the new session of Congress. Evidently more Congressmen believe that their constituents want some form of medical plan—if not compulsory, then voluntary. Following the voluntary school of thought is Rep. Kenneth B. Keating (R., N.Y.), who has introduced a bill that would stimulate membership in all types of voluntary prepay-

ment plans by allowing members to deduct premium payments from income taxes . . . A voluntary health insurance plan authored by a dentist and senator, Lester C. Hunt (D., Wyo.), besides reorganizing federal health activities into a Department of Health, would establish an administrative National Insurance Board. Persons with annual incomes under \$5,000 would be eligible for various medical care benefits after initial expense of \$5. Another feature of the program is its offer of annual income subsidies to induce doctors, dentists, nurses and other personnel to practice in rural or medically isolated areas . . . The bill of Rep. Reva Beck Bosone (D., Utah) hews to the compulsory feature of the Administration's plan. Her program, financed by a 3 per cent payroll tax, would insure benefits after members had paid \$50 for medical expenses or \$25 for dental bills . . . The ultimate fate of these bills and others introduced last session is doubtful, but authorities on Capitol Hill believe that for this year at least, compulsory health insurance legislation [Continued on page 64]



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### An Important Advance

# IN THE PREVENTION AND TREATMENT OF IMPETIGO, EXCORIATED BUTTOCKS, MILIARIA, DIAPER RASH

-New Formula Johnson's Baby Lotion

For more than 3 years, the Medical Research Laboratory of Johnson & Johnson in co-operation with several leading universities, has been engaged in fundamental research leading to the development of a physiologically acceptable preparation for use on infant's skin. These efforts have culminated in the release of the new Johnson's Baby Lotion following an accumulated experience of over 10,000 baby days.

The findings indicate that the new Johnson's Baby Lotion is a specific preventative and therapeutic agent for the five most common skin afflictions of infancy: impetigo contagiosa, miliaria rubra, intertrigo, excoriated buttocks, and diaper rash.

### Description and Pharmacologic Action

Johnson's Baby Lotion consists of a nontoxic, nonirritating oil-inwater emulsion, which, when placed upon the skin, produces a discontinuous film having the ability to protect the skin from external irritative agents, but without interference with the transpiration of water vapor and other physiologic functions of the skin.

Johnson's Baby Lotion, by virtue of its bacteriostatic and bactericidal properties, produces a marked and prolonged suppression of the resident bacterial flora of the skin, thus offering a substantial degree of protection against superficial infection. le

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#### Clinical Evidence

In 8 large hospitals, under the guidance of pediatricians and dermatologists, clinical investigations have been conducted on the new Johnson's Baby Lotion containing hexachlorophene\* in a concentration of 1% as an antiseptic agent. Herewith are pertinent excerpts from the reports. (Complete reports available on request.)

(\*Hexachlorophene has been adopted by the Council on Pharmacy and Chemistry of the American Medical Association as the generic designation of Dihydroxyhexachlorodiphenyl Methane.)

In a Pennsylvania Hospital: "Conclusive evidence has been obtained that the hexachlorophene lotion is less irritating than ammoniated mercury, commonly used in newborn nurseries, and is more effective in preventing the minor skin irritations and superficial infections common to the newborn."

In another Pennsylvania hospital: "In the height of an epidemic of impetigo the hexachlorophene lotion not only prevented babies from developing lesions, but on

those babies who were affected, the lesions were few, discrete, and disappeared quickly without any other therapy. The epidemic of impetigo, which had been continuing for four months, ceased within a period of a week to ten days after the lotion was used on all babies in the nursery.

"It was concluded that the lotion exhibited an antibacterial effect which was sufficient to modify remarkably the course of a virulent epidemic of impetigo contagiosa."

In a New York State Hospital: "The hexachlorophene lotion was found to be unusually satisfactory in the routine care of the skin of infants beyond the newborn period and to be prophylactically effective in minimizing the incidence of diaper rash and miliaria."

In a Nebraska Hospital: "We saw no evidence of irritation from Johnson's Baby Lotion either in the babies on whom the lotion was applied or among the nurses applying the Lotion. We did not see at any time during our work any sensitivity to Johnson's Baby Lotion and on some of our children the Lotion has been applied at various times for a period of four months."

#### Summary

Clinical evidence indicates that the new formula of Johnson's Baby Lotion, containing hexachlorophene, is outstandingly effective in the prevention and cure of the major skin afflictions of infancy: impetigo contagiosa, miliaria rubra, intertrigo, excoriated buttocks, and diaper rash. Free samples of Johnson's Baby Lotion are available for your examination and for distribution to patients.



### JOHNSON'S BABY LOTION



### Anemia

[Continued from page 46]

disorders such as sprue which is a disease characterized by diarrhea, digestive disturbances and inflammation and atrophy of the bowel, or they may be due to the inability of the liver to store EMF, as in hepatic disease. There are also other anemias found in gastro-enteric disorders, pregnancy, infancy and pellagra, which show large immature cells and high color index and which, because of their sometimes baffling etiology, are termed primary.

Primary or pernicious anemia, the most common of these macrocytic anemias, accounted for a 100 per cent mortality rate before 1926 when it was discovered by Doctors Minot and Murphy of Boston that lack of the intrinsic factor in atrophied stomachs of pernicious anemia patients could be remedied by large feedings of liver. These impractical and frequently gagging amounts of liver were soon superseded by extracts and concentrates of mammalian liver containing the active substance which could be given

either by mouth or intramuscularly.

Liver therapy alone or combined with stomach extracts containing the intrinsic factor or vitamin B complex which may improve appetite and allay neurological symptoms has resulted in numerous remissions of the disease. Hydrochloric acid may also be given but only to subdue gastric distress or diarrhea. Folic acid, effective in other macrocytic anemias, has failed to inhibit nervous system involvement, and some doctors believe that it even hastens the degenerative process. Recently it has been claimed that vitamin B<sub>12</sub> is actually the anti-anemic factor or EMF. But whether this is true or not this liver component appears to be more uniformly effective than ordinary liver therapy; its use has caused many dramatic remissions in the degenerative changes of the nervous system. It must be kept in mind that these valuable drugs merely substitute for the missing factors which cannot be produced by the patient. As insulin in diabetes, anti-anemic medication must continued throughout the entire life-time of the patient. [Turn the page]

### YOU CAN BE AN ANGEL of COMFORT

The gentle touch of soothing Resinol Ointment brings a smile of grateful relief from many a skin sufferer. Try Resinol the next time you have a patient in misery from itching and burning of dry eczema, rectal or vulval irritation, a chafed spot or similar skin distress. See how its special medication in lanolin allays the fiery itching, and how soon lingering, restful comfort follows.

For cleansing, refreshing baths, use bland Resinol Soap.

Professional sample of each sent, on request. RESINOL, NR-42, Baltimore 1, Md.

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# **BROMO-SELTZER**

gives fast 3-way help for

# HEADACHE

upset stomach, jumpy nerves

Very often, the strenuous on-duty life of a nurse causes painful headaches. So it is wise to keep a supply of Bromo-Seltzer handy.

Bromo-Seltzer is the famous timeproved product that not only brings fast help for the pain of headache but also for the upset stomach and jumpy nerves that often go with it.

Quick! Pleasant! Bromo-Seltzer effervesces with split-second action, ready to go to work at once. Caution: Use only as directed.

Proof of Popularity: Today more people than ever use Bromo-Seltzer. You must be satisfied or your money back!

Get Bromo-Seltzer at your drugstore fountain or counter today. It's a product of the Emerson Drug Co. since 1887.



FREE! SUPPLY OF ONE-DOSE TUBES SEND COUPON NOW

Emerson Drug Co., Baltimore, Md.

Gentlemen: Please send me a supply of one-dose tubes of Bromo-Seltzer so I can prove to myself how fast this popular product brings headache help.

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Address.



The pernicious anemia patient generally has a waxy lemon-colored skin, loss of appetite, fatigue, stomach disorders and a sore, beefy red tongue or glossitis. Achlorhydria, the absence of hydrochloric acid in the stomach, is one of the most important diagnostic signs. If the nervous system is involved there may also be numbness, tingling of hands and feet and spastic gait. Of the patients neurological complications, about 10 per cent appear to have extensive sclerosis of the spinal cord. The blood picture shows a low red cell count and large immature red cells-some nucleated-which have been released prematurely and hurriedly from the poorly functioning bone marrow.

Pernicious anemia calls for good nursing care. Special attention should be paid to the daily care of the skin and mucous membranes; the mouth should be cleansed after each meal and mineral oil applied to any ulcerations. Since anorexia is a common symptom, well-balanced meals should be carefully prepared with as much attention to the wishes of the patient as possible. Guarding against infection, directing exercises for patients with nerve involvement, and stressing the importance of regular check-ups are all important nursing measures. Remember also that patients with this disease are frequently forgetful, become easily mentally fatigued and therefore need security and reassurance.

Of course, one of the most important measures with regard to both primary and secondary anemia is the proper use of the anti-anemic prenarations prescribed by the doctor. Four of the most widely used antianemic drugs are described in Drug Digest, page 48. Ferrous sulfate is a hematinic which supplies iron for the formation of hemoglobin, and the other three, liver extract, folic acid and vitamin B12, are hematopoietics which stimulate the proper formation of red blood cells in the bone marrow. All are tried and true weapons in the medical campaign against anemia.

To facilitate the swallowing of pills give the patient a sip of water first, then give him the pill followed by more water.



# SPECIALIZATION CLINICAL LABORATORY TECHNIQUE

holds greater opportunities for the capable Nurse Technician than ever before. It is the one field that is not overcrowded, and one in which professional ability is highly regarded and recognized. Our catalog will be of interest and we shall be pleased to mail it postpaid upon request. Established 30 years.

Northwest Institute of Medical Technology, Inc. 3404 E. Lake Street Minneapolis 6, Minn.

March R.N. 1950

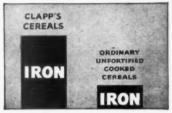
# Iron and baby's first trip to the doctor!

The store of Iron a baby is born with, as you know, starts to diminish during the baby's second month!

That's why so many doctors are recommending Clapp's *iron-rich* Cereals after the 6-weeks checkup!

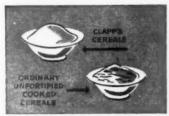
They specify *Clapp's Cereals* for these two important reasons:

Clapp's has more iron



Clapp's Baby Cereals have 3 times as much iron as unfortified cereals, and  $2\frac{1}{2}$  times as much Vitamin  $\mathbf{B}_1$ , plus nonfat milk solids, wheat germ, and brewer's yeast.

Clapp's is finer in texture



Clapp's finer texture is easier to digest—ideal for bottle and spoon feeding. Clapp's Cereals dissolve almost immediately in warm milk or formula. These are the reasons many doctors give when they recommend Clapp's Baby Cereals.

### CLAPP'S® BABY CEREALS



PRODUCTS OF AMERICAN HOME FOODS

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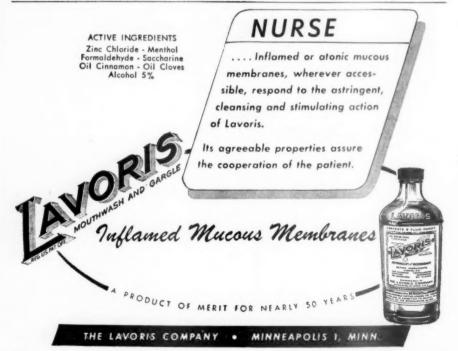
### Candid Comments

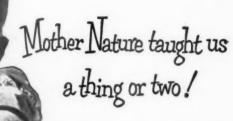
[Continued from page 40]

does so in the state? Who in the national? One state asks all its districts to make every effort to learn nurses' preferences on the national ticket—another leaves the job to a committee—another to the board of directors. But when we have a voice, do we know what type of person would fit the office? When our delegates come home do we ask for an account of whom they voted for?

There are many more things, but above all, I'd like to see each of us keep everlastingly before us the need for and satisfaction of being kind. There is no substitute anywhere for kindness—to our people, to each other. Kindness isn't handing out coffee money. It is giving something of our best selves. It is born out of a sensitiveness to the unseen as well as the seen needs of our people. It is born too in our faith in the good purposes of our fellowmen. We give to ourselves when we give to others, for our every good thought, our every kind act develops what is good and kind within us. Our personalities are the sum total of the little and big thoughts and acts of our days, and it is the quality of our personalities, not of our things, that determines how much we enjoy the great experience of living.

At one time, hospitals weren't havens for the sick at all. They were simply institutions for the care of orphans and helpless children.





When it comes to baby feeding, first honors go to Mother Nature, of course. That's why we followed her pattern so closely when we designed the Davol Anti-Colic\* brand "Sani-Tab" Nipple.

This "second-to-nature" nipple is similar to the maternal breast because it has a short tip and firm, sloping shoulder.

The design promotes a natural sucking action that helps to develop the baby's jaw and mouthand also helps to discourage air-swallowing.

We've given a thought to timing, too-so the Davol Nipple gives most babies the recommended 20 minutes of sucking action at each feeding.

"Anti-Colic" brand Nipples are made in two types - #151 for narrow-neck bottles; and #155 for the nurser-style, wide-neck bottles.

#155

#151

50

DAVOL RUBBER COMPANY

WITH OUR COMPLIMENTS -an interesting new treatise, "The Development of the Infant Mouth from Embryo through First Year." Just send along the coupon.

**Davol Rubber Company** Dept. RN5-3, Providence 2, Rhode Island

Please send my free copy of "The Development of the Infant Mouth from Embryo through First Year."

### Shoemaker's Children

[Continued from page 51]

inspection is unlikely to have taken place.

My husband, who is a surgeon, has a considerable disregard for the ordinary household strain of bacteria. He will nonchalantly pick up a chocolate he has dropped on the floor and happily munch on the sweet while our internist friend squirms uncomfortably in his chair and weighs the possibilities of having my husband for a patient. On the other hand, the internist's children fall from their swings and trapezes, dive onto rocks, and twist their wrists and ankles in what their father regards as a series of merry childhood adventures, while my husband worries over the appalling results an x-ray might reveal. Anyone in our family who so much as bumps his head on a cupboard door stands in jeopardy of being rushed off to the hospital for blood pressure readings, x-rays and other diagnostic procedures.

This illogical behavior in highly logical men, however, does not detract from their charm. It's easiest to love people with faults and peculiarities, and just as there is something homey and lovable about the man whose pipes are likely to be strewn about from attic to basement worktable, so does this unorganized attack on family ills endear my husband to his family. And you always know that if things really get tough—"once they get going, they get damned thorough."

Used by many doctors, nurses and certain hospitals



# FOR PROTECTING, SOOTHING, RELIEVING RABIES' SKIN . . . Mild, gentle,

pure Cuticura Soap protects babies' skin.
Fragrant, absorbent Cuticura Talcum is nonirritating—does not form pellets. Emollient
Cuticura Ointment promptly soothes, relieves
diaper rash, chafing, chapping, Buy today!

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# I'm surrounded by pretty nurses

and me in wonderful health too!

Your letters say NoDoz Awakeners keep you alert when long hours or tedious cases make you nod. One NoDoz Awakener tablet equals an average cup of coffee's caffeine content. Wakes you up quick-like that! Send 3¢ stamp for full-size 25¢ box—Hugh Harrison

Harrison Products, Inc., 45 Second Street, San Francisco
March R.N. 1950

7 reasons why more nurses prescribe

### **GRIFFIN ALLWITE**

as the best treatment for white shoes

#### 1 More Whitening Power

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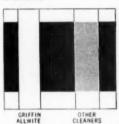
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Laboratory chart tests show more whitening power with Griffin. Doubles in whiteness as it dries.

- 2 More Cleaning Action Griffin Allwite shoos away dirt like magic.
- 3 Hides White Shoe Blemishes Better Only Allwite effectively covers up worn spots and discolorations.
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  Goes on more evenly,
  quick, easy to apply.
- 5 No Discoloring Griffin Allwite does not turn yellow or grey.
- 6 No Painted Artificial Look Makes shoes look

more perfectly white than new.

7 Griffin Allwite Goes Further

One thin coat covers. Renews shoes with a perfect white.





Safe for all shoes—baby's too!



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MANCHESTER HOSIERY MILLS

QUAN. COLOR SIZE

\$1.39 a pair.

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### News

[Continued from page 53]

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► ABOUT PEOPLE: New VA appointments include Ruth Anne Cortney (Mercy Hospital, Denver, Colo.; B. S., San Francisco College for Women) as assistant chief, nursing service at the VA hospital in Oakland, Calif. and Howard E. Williams (Hudson River State Hospital. Poughkeepsie, N.Y.: B.S. and M.A., New York University) as assistant chief, nursing education at the VA hospital in Kecoughtan, Va. . . . The Rev. Dr. John G. Martin has resigned as administrator of the Hospital of Saint Barnabas and for Women and Children, Newark, N.J. Dr. Martin is the Chaplain-General of the Guild of Saint Barnabas for Nurses, a national organization of nurses with branches throughout the country . . . Eleanor W. Mole, for the past two years, director of the joint educational program of the Visiting Nurse Service of New York and the VNA of Brooklyn, has been named executive director of the Brooklyn VNA ... Captain Verena M. Zeller, Acting Chief of the Nursing Service, Air Force Medical Service, recently became the bride of Captain Marco I. Pettoruto at a nuptial mass celebrated by Chaplain James B. Murphy, at Fort Meyer Chapel, Va. . . . The nursing director of the new clinical center being constructed at Bethesda, Md. will be *Mildred* Struve formerly of Johns Hopkins Hospital.

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► A PRACTICAL NURSING study is being made by a Board of Regents committee of the University of the State of New York to consider the question of training practical nurses in vocational high schools. The New York State Nurses Assn., opposing such a move, states that high school graduates would be too immature to care for the sick, and that all nursing education should continue under the Dept. of Education to prevent overlapping and gaps in preparation of the practical and professional groups. Furthermore, a recent Association survey of N.Y. hospitals showed that there is not a critical shortage of nurses but rather a normal number of vacancies. The NYSNA believes emphatically that there should be no change in the present law to lower the age limit of 20 years for licensure. (New York has a mandatory licensure law for practical nurses as well as registered nurses.)

▶ A RECORD-BREAKING peacetime nursing school enrolment in 1949 was announced by Theresa J. Lynch, chairman of the National Committee on Careers in Nursing. Student admissions for 1949 totaled 43,612—about one per cent above those of 1948. Increased enrolment was noted in the Middle Atlantic, Pacific and all but one of the New England states. However, 21 other states showed decreases ranging from



# for Coughs...

in acute and chronic bronchitis and paroxysms of bronchial asthma . . . whooping cough, dry catarrhal coughs and smoker's cough . . .

# PERTUSSIN

with no undesirable side effects for the patient helps nature relieve coughs when not due to organic disease.

Its active ingredient, Extract of Thyme (Taeschner Process), acts as an expectorant. It increases natural secretions to soothe dry, irritated membranes. It may be prescribed for children and adults alike. Pleasant to take.

Trial packages on request.

SEECK & KADE, INC. New York 13, N. Y.

March R.N. 1950





Look your feminine loveliest and be at your professional best... in this fashionably styled uniform. Lavishly tucked-front blouse with tucked set-in belt. Concealed gripper fasteners down to hem. Fine quality Supercraft Poplin... Sanforized. Sizes 10 to 20 and 11, 13, 15.

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1 to 22 per cent. A survey made by the Greater New York Hospital Association of 36 professional nurse and seven practical nurse training schools connected with New York hospitals, showed that every available vacancy in the September, 1949 classes had been filled. Total enrolment in the 36 professional schools for 1949 was 4,957 as compared with 4,701 in 1948. Total enrolment in the seven practical nursing schools was 505 as compared to 495 in 1948.

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► NO STATE SUBSIDIES for New York's voluntary hospitals are necessary, says Dr. Eli Ginzberg, director of a 15-month hospital study on the major aspects of hospital care, conducted by Columbia University for New York State. Dr. Ginzberg bases



his conclusions on the fact that 57 per cent of New York's residents are covered by some form of voluntary hospital insurance and that there is no reason why 85 per cent cannot afford hospital insurance. He urges that the state set standards for private nursing homes and homes for the aged since these services are frequently poor and 60 per cent of the patients in upstate nursing homes are public charges. He recommends further that New York City expand and improve its hospital and rehabilitation facilities for patients with tuberculosis.

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► SOCIAL ANTHROPOLOGY will appear on the curriculums of the Cornell University Medical College and the Cornell University—New



March R.N. 1950

# Topsy Turvy



Upset stomach, due to excess acidity, can be relieved quickly and effectively with the aid of modern BiSoDoL. The balanced combination in the BiSoDoL formula provides these important advantages in the treatment of gastric disturbances:

- √ Acts fast
- √ Gives prolonged relief
- √ Protects irritated stomach membranes
- √ Well tolerated—no side actions
- √ Efficiently neutralizes gastric juices
- √ Pleasantly flavored—
  easy to take

For an efficient antacid-recommend



WHITEHALL PHARMACAL COMPANY 22 East 40th Street, New York 16, N. Y.

York Hospital School of Nursing for the first time. The curriculum addition, an experiment of the Russell Sage Foundation, is an attempt to determine what the social sciences can contribute to medical and nursing education and what the social sciences will receive in return. Professor Leo W. Simmons, who will teach the new courses, will work with the teaching staffs of both schools toward a broader concept of the effects of sociological and psychological factors upon sickness and health.

► A PUBLIC AIRING for nursing service problems was recently provided by an institute sponsored by the Sixth District, Pennsylvania State Nurses Association and the Pittsburgh League of Nursing Education. Those invited to participate were physicians, hospital administrators, professional nurses, practical nurses and persons from the community. Speakers included Dr. Thomas P. Murdock, chairman of the AMA's committee on nursing problems, and Helen Goodale, secretary of the Committee for the Improvement of Nursing Services.

► STARTLING NEGLECT of VA mental patients—not by the hospitals but by the patients' relatives—has been reported by the VA. A survey showed that "one-third of the more than 52,000 veterans who are mental patients in VA hospitals have not been visited by members of their family or friends in a year or more." Some families refuse to accept the





### Private-Duty Nurses!

Have you used the new TEMP-PU-RES PATIENT'S CHART? Complete with doctor's order sheet, temperature graphic, nurse's notes and receipt blanks. Compares favorably with hospital records. Order one with your next drug order and learn why other nurses say. "It is by far the most superior chart for home nursing."

Now In All Leading Drug Stores. 35 cents per copy

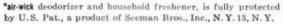
LUELLA SYNOTT, R.N. 26 West 97th St., New York 25, N.Y.

the patient studies each visitor's face

When a visitor is met by an overbearing "sick-room" odor, it shows on her face. And that makes the patient uneasy.

Spare your patient this needless worry... always use air-wick\* in the sick-room.

air-wick, in the handy green bottle with the magic wick kills sick-room odors, makes indoor air seem country-fresh. Patients, nurses and visitors appreciate the clean-smelling air which air-wick assures.





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# Free Guide

• Single or married nurses can get a FRESH START with this valuable "get-out-of-debt" guide that shows exactly where you stand financially. Offered as a public service by the Personal Finance Co.—the company that said "yes" promptly to over a million loan requests last year. Send coupon NOW. Neither cost nor obligation.

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March R.N. 1950

CUSTOMER ADVISORY DIVISION Box 1947, Trenton 10, N. J.

Please send me, without obligation, a copy of your new "get-out-of-debt" guide.

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-Cleans-Quickly, Efficiently

-Cool, Minty Flavor

-Leaves the Mouth Feeling Clean and Refreshed

 Recommended and Used for Years by Discriminating Dentists, all over the World

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WHITEHALL PHARMACAL COMPANY . 22 East 40th Street, New York 16, N. Y.

recovered veteran back into the home; others want nothing to do with "crazy men."

► NEWSLINGS: A Maryland court was recently confronted with the question of whether dentistry is a profession or a business. Neighbors of a dentist, considering it a trade, protested the opening of a dental office in a restricted residential area . . . The 25th anniversary of the founding of Kentucky's Frontier Nursing Service by Mrs. Mary Breckinridge was recently celebrated by the FNS' New York City committee. Mrs. Breckinridge described how the Service has expanded from one poorlyhoused center to eight nursing centers and a 20-bed hospital . . . According to one of the leading uniform manufacturers, the uniform business is big · business-12,000,000 being sold annually . . . The best-seller pamphlet of the U.S. Children's Bureau, "Infant Care," has sold almost two million more copies than "Gone With the Wind," or in other words, 5,701,000 copies. Sharing best-seller honors in a lower bracket are "Prenatal Care" and "Your Child from One to Six," each of which has sold more than 2,500,000 copies . . . Hygeia, the health magazine of the AMA written for the lavman, will have its title changed to Todau's Health beginning with the March issue. The new editor succeeding Dr. Morris Fishbein is Dr. W. W. Bauer . . . Six New York and Brooklyn nurses have departed for Israel for a one-year tour of duty. Before their departure, New York's Commissioner of Health presented them with a gift of enough smallpox vaccine to immunize 500 persons . . . It has been estimated that only one-third of the patients in VA hospitals are being treated for service-connected illness.

- ▶ HEALTH BUSES, stationed in strategic areas, will provide medical and dental facilities for medically isolated residents of Cuba. The 108 specially designed coaches, purchased in the U.S. from Cuban National Lottery proceeds, are arranged as units, each unit consisting of an ambulance, medical-dental coach and living quarters. Health teams operating the units will include a surgeon, physician, dentist, laboratory technician and two nurses.
- ► A NEW HEALTH PROGRAM will benefit school nurses of Connecticut, according to Mrs. Helen T. Watson, state department of education consultant on school nursing. Mrs. Watson stated that one of the prime objectives of the new program was the increasing employment of trained nurses: a measure designed to eliminate "glorified inspections" and effect a return to real health examinations. Under the plan. nurses' health appraisal work will be lightened by placing emphasis on teacher responsibility for weighing, measuring and testing sight and hearing. To further relieve nurses of routine tasks it will be possible to supply reliable, adequately trained volunteers. Since only state certified school nurses are eligible for membership in the Connecticut Education

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Please send me the following uniforms:

#730 Nylon | #430 Poplin | #830 Rayon]

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☐ Send catalog. ☐ Chk. enc. ☐ M. O. ☐ C.O.D.

Association and teachers' retirement plan, the state's committee on certification of school nurses is now considering the certification of *all* school nurses in order to protect their economic security.

► LIP READING teachers needed in many communities. To further this cause, the American Hearing Society announces a \$100 scholarship for a teacher-training course. Scholarship applicants are required to be college graduates with a major in education, psychology, and/or speech, plus professional training in lip reading. Applications must be filed between March 1 and May 1, 1950 with Miss Rose V. Feilbach, Chairman, Teachers' Committee, 1159 No. Columbus St., Arlington, Va.

## SOUND SLEEP ASSURED

SLEEP SHADE

Is a Boon to Nurses

Hundreds of Thousands Sold



Genuine Sleep Shades shut out all light, help rest tired eyes, relax edgy nerves, promote sounder more restful sleep day or night. Weigh less than ½ ounce. Design medically approved.

Sleep Shades stay in place without slip or pull, held firmly but gently by elastics over and under each ear and soft adjustable tension tape around back of neck. This patented method assures complete sleeping comfort.

#### Special Offer to R.N. Readers

A set of noise-excluding, easily molded Sleepwell Ear Stops will be included with each Sleep Shade.

Shipped postage paid if each accompanies order,

Full refund if not satisfied.

Established 1932

SLEEP SHADE COMPANY
1949 Balboa St., San Francisco 21, Calif.

March R.N. 1950

L. S. S. S.

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[Continued from page 33]

of sympathy for the murderer?

Why should such phenomena appear? Is it not because a fundamental principle has been overlooked, the principle that it is wrong to take the life of another be he an idiot, incurably ill or an economic burden? The only way that euthanasia or mercy killing could ever be considered lawful is by believing that there is no God nor divine law or rights inalienable to the human person.

The appearance of such phenomena should make us all realize that our land has many who have forgotten God, His law and even the fundamental rights of man written in the Bill of Rights. It is an extremely unhealthy sign and bodes no good.

#### REPORTED FROM THE CAFETERIA

FIRST R.N.: I surely hope you-all enjoy your new work here, Miss Jones. Tell me, how did you happen to come so far from Illinois?

SECOND R.N.: Easy! I just went to the Woodward Bureau in Chicago, reported my experience, and told them I preferred to live in a warmer climate. I knew I could depend on their help.

FIRST R.N.: Now I'm glad you told me that. My friend just out of training keeps talking of Denver. I'll tell her about the Woodward Bureau!



WOODWARD Medical
Personnel Bureau • Ninth Floor
185 N. Wabash Avenue, Chicago 1, Illinois
Our Fifty-fourth Year

March R.N. 1950



## R.N. Speaks

[Continued from page 29]

Surely it would be unrealistic to grant one section a larger budget simply on the basis of its larger membership. Budget priorities should be decided wholly on the need, the importance and the quality of the program that has been developed by the section. As a hypothetical example, the section largest in numbers which may not have a program that can compare with the importance of one worked out by a smaller group may nevertheless demand it on the basis of numbers. On the other hand, a smaller but more powerful section could demand priorities that may throw other budgets out of line.

Another possible stumbling block to our unity of which we should be aware, is the isolating influence of compartmental action. Our present sections are simply forums. The proposed sections will be strong, competitive assemblies with the power to vote. Sectional preoccupation with its own intensive programs could easily blur the perspective of organized nursing's program as a whole.

This more complex form of organization, while providing for a concentration of forces, also will bring questions of great import. Inevitably it will cost the individual members more in dollars. Today, ANA members' dues support six sections which only partially represent our occupational fields. Under the new plan, the dues will support every major occupational area. For example, the average ANA member today may not also be National League of Nursing Education (NLNE) or National Organization for Public Health Nursing (NOPHN) members, yet the cost of the proposed sections on Public Health Nursing and Nursing Education will be included in the total budget. It is inevitable that more money will be needed not only for sections' activities but for the promotion of the general combined overall program as well.

Aside from cost considerations, however, are more trenchant questions. The finest form of structure to be devised is but a structure unless



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Yes, over 17 years of professional use and respect in offices, clinics and hospitals ...in BURN THERAPY.

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PYRINATE LIQUID

When you encounter cases of lice infestation, there is one way to dispose of the problem quickly and surely. Specify the scientifically developed formula, A-200 Pyrinate Liquid, superior on several counts—

A. A-200 is a sure, fast killer of lice, and their eggs . . . on contact. One 15-minute application is usually sufficient.

**B.** A-200 is non-poisonous, nonirritating, and leaves no tell-tale odor.

**C.** A-200 is easy to use. It is a liquid ... no greasy salve to stain clothing. Especially recommended for children. At your drugstore, only 79¢.

Send for a supply of the leaflet addressed to parents, telling them in

diplomatic, sympathetic language the dangers of pediculosis. It is appreciated by mothers for its helpful, informative contents.

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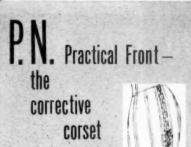
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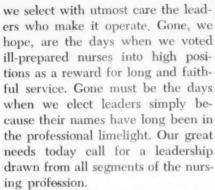
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Recommended as the ideal corrective corset for drop-stomach and weak-back conditions—scientifically constructed to give:

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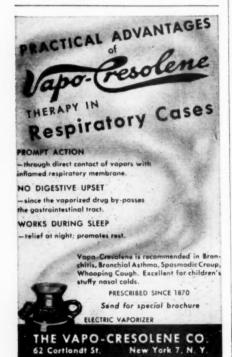


We must study our organizations—what kinds of leaders are needed? Who in our district has shown ability plus devotion as an officer or committeeman? Who, graduating to state activity, has proved his or her place in the ranks of leaders? Who in our state has shown the qualities of statesmanship that would enable him or her to understand and act upon national as well as local issues? We have not in the past nor in the present made our decisions on this basis.

While fruitful local and state experiences in organization should not be a rigid prerequisite to national office, it is perhaps the best single standard we have. A prerequisite to our choice of leaders is the membership's ability to share in making the choice. While elections remain in the hands of delegates, the choice of nominees for office should be in the hands of the members.

-ALICE R. CLARKE, R.N., EDITOR

An ANA opinion poll on structure to be conducted before the Biennial will give delegates an indication of the ANA membership's thinking that should enable them to cast informed votes.



# **FACTS ABOUT VAGINAL TAMPONS**

Clinical studies indicate cotton vaginal tampons like Meds meet the catamenial requirements of the normal menstruating woman. This careful research shows that when vaginal tampons are used:

- 1. Normal tissue remains healthy with their use. 3, 5, 6, 7, 4
- 2. They do not cause cramps.5
- 3. They do not back up flow into the peritoneal cavity.2, 3, 4, 6, 7
- 4. Proper sizes do not alter normal anatomic virginity.1
- 5. They help avoid contamination from the anus.7, 1
- 6. They do not affect the bacteriologic flora or pH.5
- 7. They help avoid erotic stimulation.1

IN A RECENT NATIONAL SURVEY made by the Johnson & Johnson Research Foundation among 884 gynecologists and obstetricians, 5 out of 6 doctors reported tampons acceptable for normal women.

MEDS were designed by a gynecologist to give new freedom and comfort in sanitary protection. On the basis of authoritative clinical evidence you may safely recommend MEDS2, the modern sanitary protection, to all normal women for greater comfort and peace of mind during menstruation. Your patients and friends won't know they're wearing one. Meds mean no chafing or odor... no pads, pins or belts.

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- Am. J. Obs. & Gyn., 48:510, 1944
- 3, Am. J. Obs. & Gyn., 46:259, 1943
- West J. Surg., Obs. & Gyn., 51:150, 1943
- 5. Med. Rec., 155:316, 1942
- 6. Med. Rec., Ann., 35:851, 1941
- 7. Clin. Med. & Surg., 46:237, 1939

Miss Olive Crenning

(special representative to the nursing profession)

Personal Products Corp., Dept. BN-3 Milltown, N. J.

Please send me a copy of your booklet, "It's So Much Easier When You Know," and Meds samples (check size)

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## NO OTHER RUB GIVES FASTER RELIEF IN

# RHEUMATIC ACHES-PAINS

**Lumbago and Neuritis Discomfort** 



This wonderful, white, stainless Musterole rub starts right in to promptly relieve muscular aches, pains, soreness and stiffness. It also helps break up painful local congestion.

Patients will welcome the fact that Musterole has *all* the advantages of a warming, pain-relieving mustard plaster yet eliminates the fuss and bother of making one. Just rub it on. Musterole also promptly relieves coughs, sore throat and aching muscles of chest colds.

The ONLY rub made in 3 strengths.



## Our Aged?

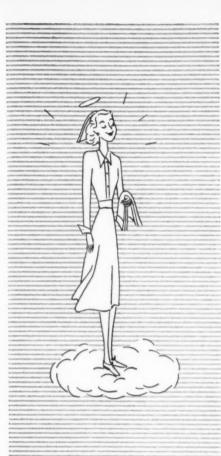
[Continued from page 36]

of the buildings housed approximately forty patients, one attendant could easily cover two buildings, and one attendant could be assigned to every five buildings for evening and night rounds.

**4.** One recreational therapist to every 400 inmates should be a satisfactory ratio to provide recreational outlets for the older persons and the personnel.

**5.** Occupational therapists both activity and production might be able to put the community on an almost self-sufficient basis. The importance of occupational therapists in a community of this type cannot be overestimated. At least one O.T. worker should be employed for each 50 community members. These professional persons, working with the citizens of the community, might bring in added revenue by directing such lucrative activities as rug-making, sewing and carpentry. There is also no reason why residents' skills should not be utilized to provide such necessities as shoes, clothing, chairs, tables and other equipment. There could be community stores and assembly halls run by, and for, the inmates. Naturally, this community would expect less from its inhabitants in relation to the expending of physical energy than would be required of younger individuals, although actually, in terms of experience, older persons might prove to be above the average group.

Many of those employed in the



# You do more for your patient than you might think ...

For instance, your crisp clean uniform and your air of confident grooming go a long way to brighten your patient's day.

But good grooming is more than the morning bath and a bright fresh uniform. Because perspiration is a continuous process.

MUM is the safer way to preserve morning bath freshness. You'll love its delightful new floral odor, its creamy texture. And MUM is sure because it prevents underarm odor throughout the day or evening. Recommend it to your patients too.

Why take a chance when you can MUM in a moment?

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community might be in the middle years of their lives. This would be an aid to those middle-aged people who, through no fault of their own, cannot find satisfactory employment. Also, the various skills of attendants who have completed in-service training might well be put to use in striving for the self-sufficiency of the community.

Were the state to provide a community for the aged, which was in part self-sufficient, and offered appropriate occupations and recreations, the patient would have less bitterness, and the family would not have the feelings of guilt and worry which so often are caused by committing a relative to a state institution. Instead, there would be popular support for such a project, for those unable to care for themselves are not only a burden to their families but sometimes a source of danger to themselves and others. Certainly, older patients would not shrink from entering a community that promises to make their remaining days happy, productive and carefree.

[In fairness it must be pointed out that many states are aware of the problem which Mr. Reetz presents, and several of these states are doing something constructive about it by extending and improving facilities for the aged. In a future issue, R.N. will publish an article which will discuss some of the ways in which private and public agencies are helping to provide housing for our older members of society.—THE EDITORS]

B



Carefully supervised tests were conducted recently in a group of well-known hospitals.

The following methods were tested – including three treatments commonly used in hospitals:

- 1. Mineral Oil
- 2. Soap and Water
- 3. Cornstarch, Soap and Water
- 4. Jergens Lotion

Hundreds of newborn infants were observed for a period of 2 weeks . . . for incidence of rashes, macules, papules and pustules.

Results indicated that Jergens Losion gave 5 times better protection against the skin irritations mentioned than the three other listed treatments.

You can recommend Jergens Lotion to your patients as a superior daily skin care for newborn infants.

Jergens Lotion is sterile. Does *not* support bacterial growth. Active ingredients Glycerine, Sweet Almond Oil, Spermaceti, Benzaldehyde, Gum Benzoin and Alcohol.

Jergens Lotion
proved
indicated care
for infants'
skin



If you have not already received your copy of these hospital tests, write to the address below and the report will be mailed to you promptly. The Andrew Jergens Company, Box 6, Dept. 90A, Cincinnati 14, Ohio.

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## Tired Taste Buds

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which contained the substance, and the Chinese often added zest to their bland diet of rice and vegetables by sprinkling it with the seaweed in ground-up form.

Although glutamic acid was isolated for the first time in 1866 by Dr. K. Heinrich Ritthausen of Germany (the acid is now used medically in hydrochloric acid therapy and as an anticonvulsant in epilepsy), the advantages of glutamate as a definite chemical compound were not recognized until after the turn of the twentieth century, when Dr. Kikunae Ikeda of the Imperial University of Tokyo discovered that glutamate could be separated from other parts of the protein by hydrolysis. After Dr. Ikeda patented a commercial recovery process, his sponsors, Suzuki & Company of Japan, started manufacture of the product, eventually distributing it to all parts of the world.

Despite the fact that 10 million pounds of glutamate a year were used in the Orient, little was consumed in Europe or America until about two decades ago when it was found that it could be used to advantage by processors of prepared foods, discerning chefs, hospitals and other institutions. Now, according to manufacturers in this country, the time isn't far off when glutamate will appear as frequently as salt or pepper on the shopping lists of American housewives.

MSG, manufactured by several companies including A. E. Staley Mfg. Co.. General Mills and Huron Milling Co.. is distributed under a wide variety of trade names in bulk for commercial food processors, restaurants and institutions, as well as for home use.

Written prior to the 1948 ANA Biennial, and equally applicable to the 1950 Biennial, is the editorial series "Citizenship in Nursing." Judging from the response it received when published, the series still might be of interest to delegates to this year's convention. In these editorials in February, March and April, the editor of R.N. wrote about "Selection of Nursing Leaders," "Your Voice and Vote," and "Responsibilities of a Delegate." If you have misplaced your '48 issues, we have a limited number of copies available.



# The Original CLEAN WHITE COAL TAR CREAM

All the Therapeutic Advantages of Crude Coal Tar with Irritating Residues Removed



PSORIASIS

- SEBORRHEIC DERMATITIS
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Where infection complicates the clinical picture SUL-TARBONIS (TARBONIS with 5% sulfathiazol), is recommended.

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Improved Cutter Pediatric Toxoids, Alhydrox\* or plain, are now more highly purified. Increased potency reduces the douge volume one-half, and gives the same high immunities you have always obtained with Cutter Toxoids. Write for immunization schedule. Cutter Laboratories, Berkeley. Cal.f.

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adsorption, exclusive with Cutter, Albydrox, added to
proven potent biologicals, results in a solid immunity
and less pain on injection.



ADMINISTRATIVE ASSISTANTS: (a) 50 bed general hospital, complete, modern facilities. Southeast. \$3000, maintenance. (b) 125 bed approved hospital adjacent Cincinnati. \$3600 up. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

ADMINISTRATOR: Small general hospital, construction now being completed. College town of 20,000, Deep South. RN3-1 Burneise Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ADMINISTRATORS: (a) 50 bed hospital to be completed in April 1950. Midwest resort area and university town. \$5000. (b) Small California hospital. Modern and well equipped. \$4800. (c) New 40 bed hospital eastern Iowa. \$4200. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

ANESTHETIST: Relatively new hospital, small size, operated by group of physicians. Town of 15,000 near university medical center. Southwest. \$4200, maintenance. RN3-5 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETIST: 60 bed general hospital. 47 miles south of Wilmington, Del. Employs 2 Anesthetists. Salary \$250-\$300, based upon experience. Full maintenance. Apply Superintendent, Kent General Hospital, Dover, Del.

ANESTHETIST: Small general hospital, town of 25,000 located on the Columbia River, Washington State. \$4200. RN3-2 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETIST: Registered nurse. For general hospital, 33 beds. Salary \$250 per month, full maintenance and sick leave. Appy Supt. Nantucket Cottage Hospital, Nantucket Island, Mass.

ANESTHETIST: Fairly large hospital general, modern in every way. Large City, United States dependency. Although tropical country, climate mild. RN3-4 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETIST: Salary \$270 plus room and laundry. Increase \$5 every six months for two years. Apply Dr. Karl Klicka, Woman's Hospital, 141 West 109th Street, New York 25, N.Y.

ANESTHETIST: Large general hospital, town of 125,000, located in beautiful section of eastern state. New dormitory providing private room or apartment. \$350, maintenance. RN3-3 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETISTS: Two. 175 bed general hospital, modern, well equipped, desirable location. Salary minimum \$3000 yearly. Complete maintenance. Apply Supt. Tri-County Hospital, Orangeburg, S.C.

ANESTHETISTS: (a) Small well-equipped industrial hospital, supervisory duties. Arizona. \$4500. (b) 200 bed general hospital, completely air-conditioned operating suite. Scenic area near Philadelphia. \$350, maintenance. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

ANESTHETISTS: (a) Small hospital situated on campus large southern university. (b) Small, new children's hospital. Duties include supervision of nursing staff. Florida. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

COLLEGE NURSE: Liberal arts college. Quarters available on campus. Need not report until September. East. RN3-6 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

DIETITIANS: (a) 100 bed special hospital for convalescent children. Large university city east central location. (b) Large hospital near New York City. Will negotiate salary which will be attractive to "top level" candidate. (c) World famous southwest health center. Fairly large hospital, desirable nurses' residence. \$3600. Woodward Medical Bureau, 185 N. Wabash, Chlcago, Ill.

DIRECTOR OF NURSES: For 75 bed approved hospital. Salary open for discussion. Suite in modern nurses' home furpished. Apply to Supt. Clinton Memorial Hospital, St. Johns, Mich.

DIRECTOR OF NURSES: New general hospital of 200 heds. Completion expected July. No school, all-graduate staff, teaching hospital for internes, residents. University affiliations, university medical center. RN3-7

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## MORE THAN THIRTY LAKES

. . . It's a delightful city—in a fashionable resort area of the South—not far from a famed college.

The hospital is opening a new wing with a beautiful new operating room suite.

The need is for an operating room supervisor to direct a staff of twenty-four.

Interested? Write or wire for details.

(Send for our analysis sheet, so that we may submit an individual survey of opportunities in your field.)

BURNEICE LARSON, Director THE MEDICAL BUREAU

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Patients requiring diets low in sodium appreciate the wide, appetizing variety of low-sodium main dishes, salads and desserts made with Knox unflavored gelatine.

Unlike ready-flavored gelatin dessert powders, with their high sodium and sugar content, Knox is all gelatine, all protein, with no sugar content and extremely low in sodium.

KNOX GELATINE
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ALL PROTEIN—NO SUGAR

Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

DIRECTORS OF NURSING: (a) New 100 bcd hospital eastern college town near Boston. Salary to \$4500. (b) Fully approved 250 bed hospital with approved school of nursing adjacent Long Island Sound. To \$5000. (c) Large tuberculosis hospital eastern capitol. \$5400 to start. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

DIRECTORS OF NURSING: (a) Approved 100 bed hospital, midwest. \$5000, maintenance (b) Small southwestern hospital, famous resort region. \$4000 up. (c) 150 bed approved hospital northwestern university town. Experience not necessary. \$4000 up. Woodward Mcdical Bureau, 185 N. Wabash, Chicago, Ill.

DIRECTOR OF NURSING SERVICE: Small general hospital, all-graduate staff. \$4500, maintenance, including private apartment. College town, Southeast. RN3-9 Burneice Larson, Medical Bureau, Palmolive Building. Chicago, Ill.

DIRECTOR OF NURSING SERVICE: And principal of school of practical nursing, large general hospital, outstanding opportunity. Eastern metropolis. RN3 8 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, III.

DIRECTOR OF PUBLIC HEALTH NURS-ING Also senior public health nurse, city health department. United States dependency Tropical climate. RN3-15 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, III.

EDUCATIONAL DIRECTOR: Large general hospital, college affiliations. Will consider someone working towards Master's Degree. Minimum \$4000, maintenance. RN3-10 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

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EXECUTIVE SECRETARY: Fifth District, Florida State Nurses' Association, Miami, Florida. B.S. preferred. Apply Fifth District, Florida State Nurses' Association, 315 Calumet Building, Miami, Fla.

FACULTY APPOINTMENTS: Instructor in psychiatric and neurologic nursing and science instructor. One of the country's largest teaching hospitals, 400 students, outstanding opportunities. RN3-12 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

GENERAL DUTY NURSE & NIGHT NURSE: Small general hospital. Salary \$200 and \$205 per month plus complete maintenance. Vacation. holidays and sick leave according to Nebraska regulations. Imperial Community Hospital, Imperial, Neb.

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... It is "free from harm or irritation to the vaginal and cervical mucosa ..."



# TAMPAX

The Internal Menstrual Guard of Choice

TAMPAX is available in three absorbencies, Regular, Junior and Super.

With this range of absorbencies the menstrual flow of almost all women may be suitably accommodated throughout the entire period. Just fill out and mail the coupon for professional samples.

Accepted For Advertising By The Journal Of The American Medical Association

By practically every known medical criterion, TAMPAX has been proved physiologically safe . . . clinically adequate . . . and esthetically acceptable. In one study 1 involving 2000 cases and extending over a five-year period, TAMPAX was used with "most favorable" results. Of this group, 36 subjects inserted TAMPAX twice daily for an entire year, and no irritation or vaginal changes were observed. In another investigation,<sup>2</sup> where 21 women used TAMPAX for 3 to 5 months, it was noted that "the vaginal canal is less likely to become irritated by a tampon (TAMPAX) than the vulva (hair follicles, sweat and sebaceous glands) by an external pad."

These and many other careful projects 3,4,5,6,7 in recent years have firmly established the full safety of TAMPAX: the fact that it does not irritate - obstruct the flow - nor cause vaginitis or erosion. And Tampax users themselves (2 billion Tampax tampons have been purchased in the last 14 years!) by their steadily increasing number, provide further dramatic evidence of the sound clinical value of this internal menstrual guard.

References: 1. West. J. Obst. & Gynec., 51:150, 1943 2. Clin. Med. & Surg., 46:327, 1939 3. J. A. M. A., 128:490, 1945

- 5. Am. J. Obst. & Gynec., 48:510, 1944 5. Am. J. Obst. & Gynec., 46:259, 1943 6. Med. Rec., 155:316, 1942

- 7. Med. Rec. & Ann., 35:851, 1941



TAMPAX, INCORPORATED Palmer, Mass.

Please send professional supply of TAMPAX in the three absorbencies and related literature.

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Address\_\_\_

City\_\_ Zone\_State\_ \$230, one meal, laundry. Sick leave, paid vacation, civic, state, national holidays. Apply Supt. of Nurses, Municipal Contagious Disease Hospital, Chicago, Ill.

GENERAL DUTY NURSES: Salary starts \$217.80 with full maintenance. Raise in 3 months and 6 months. \$5 more for nights. 44 hour week. Two weeks' vacation after 1 year. Oakland County Tuberculosis Sanatorium, Pontiac, Mich.

GENERAL DUTY NURSES: For private hospital, excellent opportunity for those wishing to specialize. 8 hour day, 44 hour week, uniforms laundered. Beginning salary \$200 per month with regular increases and additional compensation for afternoon and night shifts. Rooms available in our annex. Address communications to Mrs. Irene Lewis, Personnel Director, The Cleveland Clinic Foundation, 2020 E. 93rd St., Cleveland 6, Ohio.

GENERAL STAFF NURSES: For 130 bed general hospital, evening and night duty. Straight hours, 5 day, 40 hour week. Salary \$200 for night duty, \$205 for evening duty. Salary raises after 6, 18, 30 months of service. 7 holidays with pay, 2 weeks' paid vacation first year. Accumulative illness allowance of 12 work days yearly. Maintenance provided \$40 per month which includes laundry if desired. Write Superintendent of Nurses, St. Luke's Hospital, St. Paul, Minn.

MALE NURSES: For psychiatric and general hospitals operated under auspices of state health department. Salaries dependent upon training, experience. RN3-20 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

NURSE: To swap her experience for board and tent in a Girl Scout Camp in the Colorado mountains this summer. A little money thrown in on the side. For further particulars write Miss Elizabeth F. Parker, Director of Lazy Acres, 322 West 5th Street, Pueblo, Colo.

NURSE ANESTHETIST: Urgently needed. For particulars write Memorial Hospital Sheridan County, Sheridan, Wyo.

NURSE ANESTHETISTS: Several. Immediate vacancies. Salary \$250-\$300 monthly. Full maintenance optional. Vacation, sick leave,

hospitalization, etc., allowed. 375 bed general hospital. Apply W. S. Kohlhaas, Supt., Harrisburg Hospital, Harrisburg, Pa.

NURSES: General Duty, Head and Supervisory Nurses in acute communicable, TB or general emergency hospitals. Public Health Nurses and Public Health Nurses in Training. Salaries from \$2876 to \$4573. 40 hour week, no split shifts. Paid vacations, duty disability allowances, sick leaves, maternity leaves, pensions, death and sickness benefits. Apply Detroit Civil Service Commission, 735 Randolph Street, Detroit 26, Mich.

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